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The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Comm Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth DeLauretis Nee Fortini
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 85 Bowdoin St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 13 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 1 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1955 to Jan 1, 1955
I last saw her alive on Jan 1, 1955, death is said to have occurred on the date stated above, at 8.05 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral hemorrhage	8hrs
ANTECEDENT CAUSES Due To (b) Hypertension	5yrs
Due To (c) Chronic Nephritis	
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations —
Date of operation — Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Valente, M. D.
(Address) 342 HANOVER ST. Boston Date 1/2/1955

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Jan 4 1955

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St Winthrop

Received and filed JAN 3 1955
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of John DeLauretis (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years 5 Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS
17 NAME OF FATHER Joseph Fortini
18 BIRTHPLACE OF FATHER (City) ..... (State or country) Italy
19 MAIDEN NAME OF MOTHER Mary Cuneo
20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

21 Informant John DeLauretis
(Address) 85 Bowdoin St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 1/3/54
(Official Designation) (Date of Issue of Permit)

50M-3-54-911667

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1915.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED
JAN 3

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no oceupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301

STRUCTIONS FOR AL CERTIFICATE

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nditions contrib- the death but not o the disease or n causing death.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 2

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. WINTHROP COM. HOSP. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Burns
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 49 COTTAGE AVE St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years ....months 1 days. In place of residence ....years ....months ....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 2 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN 1, 1955, to JAN 2, 1955

I last saw h. l. m. alive on JAN 2, 1955, death is said to have occurred on the date stated above, at 3 30 A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ATELECTASIS PRIMARY ATELECTASIS	9 hrs.
ANTECEDENT CAUSES Due To (b) HYALINE DIS.	9 hrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation Was autopsy performed? YES
What test confirmed diagnosis? AUTOPSY

5 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Myron N. Kay M. D.
(Address) 11 PLEASANT ST. WINTHROP Date 1/2 1955

6 EVERGREEN BOSTON
Place of Burial or Cremation (City or Town)
DATE OF BURIAL JAN 4 1954

7 NAME OF FUNERAL DIRECTOR Maurice W. Kelly
ADDRESS WINTHROP

Received and filed JAN 4 1955 19....
(Registrar)
A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male
9 COLOR OR RACE: white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ....Years ....Months ....Days — If under 24 hours 9 Hours 15 Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop, Mass
(State or country)

PARENTS

17 NAME OF FATHER Alfred Burns

18 BIRTHPLACE OF FATHER (City) Boston, Mass
(State or country)

19 MAIDEN NAME OF MOTHER Virginia R. Doyle

20 BIRTHPLACE OF MOTHER (City) GeorgeTown, Mass
(State or country)

21 Informant ALFRED M. BURNS
(Address) 49 COTTAGE AVE WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 1/4/55
(Official Designation) (Date of Issue of Permit)

50M (A)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR
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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 3

1 PLACE OF DEATH
Suffolk (County)
Winthrop
Boston (City or Town)
No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Teresa M. Cutrone
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 176 Webster St. St. E. Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan (Month) 7 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov, 1950, to Jan 7, 1955
I last saw her alive on Jan 6, 1955 death is said to have occurred on the date stated above, at 7:55 m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arterio-sclerotic heart disease Bronchopneumonia

ANTECEDENT CAUSES (b) Due To

(c) Due To

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation ..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Marion C. Sabin M. D.
(Address) 241 Meridian St. East Date Jan 7 1955

6 St. Michael Place of Burial or Cremation Boston (City or Town)
DATE OF BURIAL Jan 10, 1955 19

7 NAME OF FUNERAL DIRECTOR Jos. A. Langone Jr.
ADDRESS 58 Merrimac St. Boston

Received and filed JAN 10 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR OR RACE White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Vito Cutrone (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: House wife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER Antonio Mazzascatza Francesco Mazzascatza

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Rose Pigine

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Tony DeAngelo
(Address) 13 Meridian St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Vaitie F. Harvey
(Signature of Agent of Board of Health or other)

Vital Clerk (Official Designation) 1/10/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301A

NSTRUCTIONS FOR CAL CERTIFICATE

In giving SE OF DEATH

o not enter ore than one use for each a), (b) and (c)

his does not mean ode of dying, such rt failure, asthenia, means the disease, nplications which death.

lorbid conditions, giving rise to the cause (a) stating nderlying cause

onditions contrib- o the death but not to the disease or ion causing death.

50M (B)-12-49-900722

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 4

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mount's ~~Rest~~ Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Greaves Patton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 90 Sagamore Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN (Month) 8 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN 1952 to JAN 8 1955
I last saw her alive on JAN 8 1955 death is said to have occurred on the date stated above, at 2 15 P m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ACUTE CORONARY OCCLUSION	1 HR.
ANTECEDENT CAUSES Due To (b) ARTERIO-SCLEROTIC HEART DISEASE	5 YRS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS NONE	

Major findings: Of operations
Date of operation NONE Was autopsy performed? No
What test confirmed diagnosis? NONE

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Myron N. King, M. D.
(Address) 222 Pleasant St. Winthrop Date 1/8 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL January 11 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley
ADDRESS Winthrop Mass

Received and filed JAN 10 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female | 9 COLOR OR RACE White | 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Patton (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) England

PARENTS
17 NAME OF FATHER Frederick Greaves
18 BIRTHPLACE OF FATHER (City) (State or country) England
19 MAIDEN NAME OF MOTHER Maria Curley
20 BIRTHPLACE OF MOTHER (City) (State or country) England

21 Informant Charles Greaves
(Address) 89 Concord St., Lowell Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/10/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

RM R-301

TRUCTIONS FOR L CERTIFICATE

a giving OF DEATH

not enter than one e for each (b) and (c)

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bid conditions, ving rise to the use (a) stating erlying cause

ditions contrib- he death but not the disease or causing death.

50M (4)-1-51 903586

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 5

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Comm Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Inza (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 482 Winthrop St. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan (Month) 9 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1955, to Jan 9, 1955

I last saw h.....alive on....., 19....., death is said to have occurred on the date stated above, at.....m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Prematurity Prematurity 5½ mos.

ANTECEDENT CAUSES Due To (b) Cord around neck.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....

Date of operation.....Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) D D Foley, M. D.

(Address) 17 m Bennington St Date 1/9 1955

6 Winthrop Place of Burial or Cremation Winthrop Mass (City or Town)

DATE OF BURIAL Jan 10 1955 19.....

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano

ADDRESS 147 Winthrop St Winthrop

Received and filed JAN 10 1955 19.....

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR OR RACE White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced HUSBAND of.....(Give maiden name of wife in full)

(or) WIFE of.....(Husband's name in full)

11 IF STILLBORN, enter that fact here. ~~Premature~~

12 AGE.....Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation:.....(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

17 NAME OF FATHER Buster Inza

18 BIRTHPLACE OF FATHER (City) Lakeville (State or country) Mass

19 MAIDEN NAME OF MOTHER Mary Spine

20 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

21 Informant Buster Inza (Address) 482 Winthrop St Winthro

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Bakers (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/10/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such failure, asthenia, means the disease, dications which eath.

bid conditions, ving rise to the use (a) stating erlying cause

litions contrib- the death but not the disease or causing death.

50M (A)-1-51 903586

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 6

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy ~~Girl~~ Quarantiello (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 181 Marion St. East Boston (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 11 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1955, to Jan. 11, 1955

I last saw him alive on Jan. 11, 1955, death is said to have occurred on the date stated above, at 6:30 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Prematurity

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) Footling

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations None

Date of operation.....Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. Lynde Gately M.D.

(Address) 167 Benn St Winthrop Date

6 Place of Burial or Cremation Holy Cross (City or Town) Malden

DATE OF BURIAL 1-15-1955

7 NAME OF FUNERAL DIRECTOR Vincent Sabino

ADDRESS 9 Chelsea St E.B.

Received and filed JAN 14 1955 19.....

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced HUSBAND of.....(Give maiden name of wife in full)

(or) WIFE of.....(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days If under 24 hours 7 Hours.....Minutes

13 Usual Occupation: ✓ (Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City) Winthrop, Mass. (State or country)

PARENTS

17 NAME OF FATHER Frank Quarantiello

18 BIRTHPLACE OF FATHER (City) East Boston, Mass. (State or country)

19 MAIDEN NAME OF MOTHER Colucci (Geraldine) ~~(Geraldine)~~

20 BIRTHPLACE OF MOTHER (City) East Boston, Mass (State or country)

21 Informant Parents (Name) Frank Quarantiello

(Address) 151 Marion St E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Bakers M.D.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/14/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

RECEIVED
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1 6

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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bid conditions, ing rise to the e (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

50M-(A)-11-51-905807

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

WINTHROP (City or town making return)

Registered No. 7

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 89 Circuit Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard Walter Chase Also Richard Dame Chase (If deceased is a married, widowed or divorced woman, give also maiden name) (Was deceased a U. S. War Veteran, if so specify WAR) WW1

(a) Residence. (Usual place of abode) No. 89 Circuit Road St. (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 15 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 13 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 7, 1954, to January 13, 1955

I last saw him alive on January 12, 1955, death is said to have occurred on the date stated above, at 8:00 A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Terminal Bronchopneumonia	3 days
ANTECEDENT CAUSES Due To (b) Metastatic Carcinoma Generalized	
Due To (c) Bronchogenic Carcinoma-Left	6 mos
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations No

Date of operation ..... Was autopsy performed? No

What test confirmed diagnosis? X-ray and Bronchoscopy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dorothy Chinney Appleton, M. D.

(Address) 197 Woodside Ave, Winth Date Jan 13 1955

6 Oakland Place of Burial or Cremation Medway (City or Town)

DATE OF BURIAL January 17 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass.

Received and filed 1-17-55 19....

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Hazel Mclean Chase (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 6 Months 1 Days. If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Traffic Manager (Kind of work done during most of working life)

14 Industry or Business: Wool Co.

15 Social Security No. 012-07-8420

16 BIRTHPLACE (City) Glens Falls (State or country) New York

PARENTS

17 NAME OF FATHER Walter Chase

18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country) Maine

19 MAIDEN NAME OF MOTHER Alice E McElroy

20 BIRTHPLACE OF MOTHER (City) Medway (State or country) Massachusetts

21 Informant Hazel McLean Chase (Address) 89 Circuit R. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Lakes (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/14/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE 8/14/18

DATE OF DISCHARGE 12/4/45

RANK, RATING Corporal

ORGANIZATION AND OUTFIT Army

SERVICE NUMBER 418 716

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M (E)-6-50-902253

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 8

1 PLACE OF DEATH
Essex (County)
Haverhill (City or Town)
No. Hale Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Lewis
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) .....

(a) Residence. No. ~~Point Shirley~~ 24 Grand View Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 1 months ..... days. In place of residence ..... years 1 months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 13 (Day) 1955 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 19 54 to Jan. 13 55

I last saw him alive on Jan. 13 55, death is said to have occurred on the date stated above, at 3 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia

ANTECEDENT CAUSES Due To (b) Acute thrombocytopenia purpura - Coronary thrombosis-Cerebral thrombosis Pulmonary edema, acute

Due To (c) Old Rheumatic heart disease

INTERVAL BETWEEN ONSET AND DEATH 48 hr

OTHER SIGNIFICANT CONDITIONS .....

Major findings:
Of operations ..... No
Date of operation ..... Was autopsy performed? .....
What test confirmed diagnosis? .....

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) N.B. Miller M.D.
(Address) Haverhill Date 1/14 19 55

6 Place of Burial or Cremation Elmwood Gem (City or Town) Haverhill
DATE OF BURIAL January 15 19 55

7 NAME OF FUNERAL DIRECTOR Earle W. Graffam
ADDRESS Haverhill

Received and filed FEB -9 1955 19 55
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of Flora B. Nichols
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 10 Months 22 Days
If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Real Estate Operator
(Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. 012-20-9610

16 BIRTHPLACE (City) New London
(State or country) Conn.

PARENTS

17 NAME OF FATHER Daniel

18 BIRTHPLACE OF FATHER (City) .....
(State or country) Conn.

19 MAIDEN NAME OF MOTHER Ida Smith

20 BIRTHPLACE OF MOTHER (City) .....
(State or country) Conn.

21 Informant Emma Nichols
(Address) Haverhill

A TRUE COPY
ATTEST: [illegible]
(Registrar of City or Town where deceased resided)

DATE FILED Jan. 18 19 55

V.R. V

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

FEB-9 AM

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

n giving E OF DEATH

not enter re than one ne for each , (b) and (c)

is does not mean e of dying, such failure, asthenia, eans the disease, plications which eath.

rbid conditions, iving rise to the use (a) stating derlying cause

ditions contrib- the death but not o the disease or causing death.

50M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 9

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 236 Main St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Joseph J. McLean (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR): None

(a) Residence. No. 236 Main St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 15 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: January (Month) 13 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ——, 19..., to ——, 19..

I last saw h.. alive on ——, 19.., death is said to have occurred on the date stated above, at 8 A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes	—
ANTECEDENT CAUSES Due To (b) Presumably	—
Due To (c) Coronary Occlusion	—
OTHER SIGNIFICANT CONDITIONS —	—

Major findings: Of operations —

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Chas. C. Murray, M. D.
(Address) Winthrop Board of Health Date 13 Jan 1955

6 Place of Burial or Cremation: Winthrop (City or Town)
DATE OF BURIAL Jan 15 1955

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed 1-17-55 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Ethel I Smith (Give maiden name of wife in full)
(or) WIFE of .... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years ....Months....Days. If under 24 hours ....Hours....Minutes

13 Usual Occupation: Steamship Agent (Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 022-26-7173

16 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

17 NAME OF FATHER Daniel McLean

18 BIRTHPLACE OF FATHER (City) .... (State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Catherine Beaton

20 BIRTHPLACE OF MOTHER (City) .... (State or country) Nova Scotia

21 Informant Ethel I McLean
(Address) 236 Main St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/14/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301

RUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such ailure, asthenia, ans the disease, ications which ath.

oid conditions, ving rise to the se (a) stating erlying cause

itions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 10

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth E (Fullerton) Simson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 80 Somerset Ave. St.
(If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 3 days. In place of residence 35 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN (Month) 14 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from SEPT, 1952, to JAN 14, 1955

I last saw him ALIVE on JAN 13 1955, death is said to have occurred on the date stated above, at 4 45 A m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) POSTERIOR MYOCARDIAL INFARCT.	3 DAYS.
ANTECEDENT CAUSES Due To (b) ARTERIOR SCLEROTIC HEART DISEASE	3 YRS.
Due To (c) WITH CONGESTIVE HEART FAILURE	
OTHER SIGNIFICANT CONDITIONS GLAUCOMA	16 YRS

Major findings: Of operations NONE

Date of operation ..... Was autopsy performed? .....

What test confirmed diagnosis? ELECTRO CARDIOGRAM.

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) Myron R. King M. D.
(Address) 111 PLEASANT ST. WINTHROP Date JAN 14 1955

6 Winthrop (Place of Burial or Cremation) Winthrop (City or Town)
DATE OF BURIAL Jan. 17 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed 1-17-55 19....
(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of John W Simson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 0 Months 1 Days
If under 24 hours ....Hours ....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Grand Pre
(State or country) Nova Scotia

PARENTS

17 NAME OF FATHER Alexander Fullerton

18 BIRTHPLACE OF FATHER (City) Advocate
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Linda Alen

20 BIRTHPLACE OF MOTHER (City) Advocate
(State or country) Nova Scotia

21 Informant Phyllis Brooks
(Address) 80 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Lohr Jr
(Signature of Agent of Board of Health or other)
Health Officer 1/14/55
(Official Designation) (Date of Issue of Permit)

SOM (A)-1-51 903586

116

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

RECEIVED

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

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50M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 11

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby Boy) Hersey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 166 Bowdoin St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 2 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 15 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1955, to Jan. 15, 1955
I last saw him alive on Jan. 14, 1955, death is said to have occurred on the date stated above, at 6:20 A.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) congenital atelectasis	2 days
ANTECEDENT CAUSES Due To (b) cerebral anoxia	2 days
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation ..... Was autopsy performed? yes
What test confirmed diagnosis? post mortem examination

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Ralph W. Daffner, M. D.
(Address) Melrose, Mass. Date 1-15 1955

6 Place of Burial or Cremation Winthrop Cemetery (City or Town) Winthrop
DATE OF BURIAL January 17, 1955, 19

7 NAME OF FUNERAL DIRECTOR Alfred L. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed 1-17-55 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 2 Days — If under 24 hours Hours Minutes

13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business: "

15 Social Security No. "

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS
17 NAME OF FATHER James W. Hersey
18 BIRTHPLACE OF FATHER (City) South Boston
(State or country) Mass.
19 MAIDEN NAME OF MOTHER Irene Hamilton
20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

21 Informant James Hersey
(Address) 166 Bowdoin St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
1/17/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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I R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

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50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 12

1 PLACE OF DEATH
County: Suffolk
City or Town: Winthrop
No. 82 Lowell Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William A. Carstensen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 82 Lowell Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 15 years ..... months ..... days. In place of residence 59 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. (Month) 16. (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 2, 1953, to Jan. 16, 1955

I last saw him alive on Jan. 15, 1955, death is said to have occurred on the date stated above, at 6:50 p.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cancer of Prostate	2 yrs.
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Arteriosclerotic heart disease	1 yr.

Major findings: Of operations Prostatic obstruction
Date of operation (1) 1952 (2) Dec. 11, 1953 Was autopsy performed? No
What test confirmed diagnosis? Path. report.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward J. Thorp M. D.
(Address) Melrose Mass. Date 17 Jan. 1955

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 19 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed JAN 19 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Bessie G Brown
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 7 Months 26 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: President
(Kind of work done during most of working life)

14 Industry or Business Boston Pipe & Fittings Co

15 Social Security No. 011-05-8779-A

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Arsmus Carstensen

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Denmark

19 MAIDEN NAME OF MOTHER Hannah Keenan

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Ireland

21 Informant Bessie G Brown
(Address) 82 Lowell Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
1/19/55
(Date of Issue of Permit)

V.W.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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50M-(A)-11-51-905807

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 13

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 39 Grovers Ave. Mayflower Nurs. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel Rene (Perkins) Bartlett
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 79 Sumit Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 7 months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY (Month) 17 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JANUARY 19 1945 to JAN 17 1955
I last saw he alive on JANUARY 17 1955 death is said to have occurred on the date stated above, at 6:45 p.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CARCINOMA OF TONGUE	4½ yrs
ANTE CEDENT CAUSES Due To (b) GENERAL CARCINOMATOSIS	6 mos
Due To (c)	
OTHER SIGNIFICANT CONDITIONS ANGINA PECTORIS	1 year

Major findings: Of operations CARCINOMA OF TONGUE
Date of operation October 1950 Was autopsy performed? NO
What test confirmed diagnosis? CLINICAL + pathological

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Daniel J. Chaney M.D. M. D.
(Address) 562 Shirley St. Winthrop Jan 18 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL Jan. 19 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed JAN 1 1955 19
(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Edward J Bartlett
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 1 Months 19 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Stoneham
(State or country) Mass

PARENTS

17 NAME OF FATHER ---------- Perkins

18 BIRTHPLACE OF FATHER (City) Booth Bay Harbor
(State or country) Maine

19 MAIDEN NAME OF MOTHER Susan Sibley

20 BIRTHPLACE OF MOTHER (City) Booth Bay Harbor
(State or country) Maine

21 Informant Jeanne E Carty
(Address) 79 Sumit Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 1/19/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

I R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each b) and (c)

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ions contrib- death but not he disease or ausing death.

Chapter 137, 954, requires ns to print or ause or causes h on death es.

50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 14

1 PLACE OF DEATH
County: Suffolk
City or Town: Winthrop
No. St.: Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Beatrice Matera
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 208 Bremen St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 5 days. In place of residence 50 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: Jan (Month) 18 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1955, to JAN 18, 1955
I last saw h alive on Jan 18, 1955 death is said to have occurred on the date stated above, at 1:10 P m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute hemorrhagic Pancreatitis

INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations: Fatty Necrosis of Omentum

Date of operation 1/14/55 Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D. D. Potts, M. D.
(Address) 194 Bennington St. 13 Date 1/18 1955

6 St. Michaels Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 22 1955

7 NAME OF FUNERAL DIRECTOR D. Pitto & Vozza
ADDRESS 11 Henry St. East Boston

Received and filed JAN 21 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Anthony Matera
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 4 Months Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Italy

PARENTS
17 NAME OF FATHER Vito F. De Sanctis
18 BIRTHPLACE OF FATHER (City) (State or country) Italy
19 MAIDEN NAME OF MOTHER Rosina Mellili
20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Anthony Matera
(Address) 208 Bremen St East Bostn

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
1/21/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If the attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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d conditions, ing rise to the e (a) stating lying cause

tions contrib- death but not he disease or causing death.

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50M-3-54-911887

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 15

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 274 Pleasant Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mabel G (Bigelow) Hall
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 274 Pleasant Street St.
(If nonresident, give city or town and State)

Length of stay: In place of death 20 years months days. In place of residence 55 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY 19, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN. 28, 1953, to JAN. 19, 1955

I last saw he alive on JAN. 18, 1955, death is said to have occurred on the date stated above, at 11:45 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) GENERALIZED CARCINOMATOSIS	7 MOS.
ANTECEDENT CAUSES Due To (b) CARCINOMA of SIGMOID COLON	2 YRS.
Due To (c) —	
OTHER SIGNIFICANT CONDITIONS —	

Major findings: Of operations CARCINOMA of SIGMOID + ABD. METASTASES

Date of operation JUNE 19, 1954 Was autopsy performed? No.

What test confirmed diagnosis? CLINICAL + LABORATORY.

5 Was disease or injury in any way related to occupation of deceased? NO.
If so, specify
(Signed) M. Traverse W. M. D.
(Address) 562 WINTHROP ST. WINTHROP Date JAN 20, 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL Jan 22 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynold
ADDRESS Winthrop Mass.

Received and filed JAN 21 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Herbert Dwight Hall
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 0 Months 2 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS
17 NAME OF FATHER Leslie E Bigelow
18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
19 MAIDEN NAME OF MOTHER Anna G Eliot
20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

21 Informant Herbert Dwight Hall
(Address) 274 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 1/21/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED
TOWN CLERK

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Cause of Death.—Physicians; see explanatory instructions on back side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such ilure, asthenia, ans the disease, ications which ath.

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50M (B)-1-51 903586

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 16

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 158 Winthrop St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Belle Augusta Floyd
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 158 Winthrop St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months ... days. In place of residence 65 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 23, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb., 19 46, to January 23 1955
I last saw her alive on Jan. 23, 1955, death is said to have occurred on the date stated above, at 2:15 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial heart disease	yrs.
ANTECEDENT CAUSES Due To (b) arteriosclerosis generalized	yrs
Due To (c) Senility	
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph L. Gregoire, M. D.
(Address) 194 Warrington Ave. Date 1-24 1955

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 26, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JAN 26 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of David Floyd 2nd. (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 98 Years 0 Months 12 Days
If under 24 hours ... Hours ... Minutes

13 Usual Occupation: housewife (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Exeter (State or country) Maine

PARENTS
17 NAME OF FATHER Charles Thompson Seavey
18 BIRTHPLACE OF FATHER (City) Concord N.H. (State or country)
19 MAIDEN NAME OF MOTHER Emily Eastman Fernald
20 BIRTHPLACE OF MOTHER (City) East Concord, N.H. (State or country)

21 Informant Atty. Edward R. Thomas
(Address) 154 Devonshire St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 1/26/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall hury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such hoard, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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id conditions, ing rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 17

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maud Candace Lincoln
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 52 Main Street St. Franklin, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 18 days. In place of residence 82 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 23 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1954, to JAN 23, 1955
I last saw her alive on JAN 23, 1955 death is said to have occurred on the date stated above, at 2:15 pm

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ACUTE CORONARY THROMBOSIS	1 hr
ANTECEDENT CAUSES (b) ARTERIOSCLEROTIC HEART DISEASE	2 yrs
Due To (c) SENILITY	3 mos
OTHER SIGNIFICANT CONDITIONS HYPERTENSION	1 year

Major findings: Of operations NONE
Date of operation NONE Was autopsy performed? NO
What test confirmed diagnosis Clinical + Lab + path

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Cabrams M.D.
(Address) 562 Shirley St. Date Com. 1/24/55

6 Union Cemetery, Franklin, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 26, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JAN 26 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 5 Months 20 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Asst. Treasurer (Kind of work done during most of working life)

14 Industry or Business: Franklin Savings Bank

15 Social Security No. 031-05-0631-A

16 BIRTHPLACE (City) Bath (State or country) Maine

PARENTS

17 NAME OF FATHER Oliver Webster Lincoln

18 BIRTHPLACE OF FATHER (City) Washington (State or country) Maine

19 MAIDEN NAME OF MOTHER Narcissa Williams

20 BIRTHPLACE OF MOTHER (City) Bath (State or country) Maine

21 Informant Mrs. Charles Cammall
(Address) 99 Ocean View St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter E. Baker
(Signature of Agent of Board of Health or other)
H.O. 1/25/55
(Official Designation) (Date of Issue of Permit)

50M (B)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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BOSTON PUBLIC LIBRARY
JAN 26 '46

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

COPY OF CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

STATE OF NEW HAMPSHIRE

18

TOWN OR CITY CLERK'S NO 11

1. NAME OF DECEASED (Type or Print)	a. (First) Jean	b. (Middle) Abbie	c. (Last) d'Argenzio
2. DATE OF DEATH (Month) (Day) (Year)	Jan. 24, 1955		
3. PLACE OF DEATH a. COUNTY	Rockingham		
b. CITY OR TOWN	Exeter	c. LENGTH OF STAY (in this place)	5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Exeter Hospital		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	Mass.	b. COUNTY	
c. CITY OR TOWN (Give actual town of residence, NOT mailing address).	Winthrop		
d. STREET ADDRESS (If rural, give location)	59 Summit Ave.		
5. SEX	Female	6. COLOR OR RACE	White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Widowed		
8. DATE OF BIRTH	11/28/1881	9. AGE (In years last birthday)	73
IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS Hours Min.	
10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	Musician	10b. KIND OF BUSINESS OR INDUSTRY	Organ
11. BIRTHPLACE (State or foreign country)	Oakland, Maine	12. CITIZEN OF WHAT COUNTRY?	U S A
13. FATHER'S NAME	George C. Stanley		
14. MOTHER'S MAIDEN NAME	Anna B. Crommette		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	No	(If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	None	17. INFORMANT	James Stanley

18.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*	(a) Hepatic failure	4 days
DUE TO	(b) metastic carcinoma of liver	3 months
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO	(c) Primary carcinoma, origin undetermined	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing it.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES X NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY OR TOWN) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 25 *19* 54 *to* Jan. 24 *19* 55 *that I last saw the deceased alive on* Jan. 24 55 *and that death occurred at* 9 12 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Ray	M.D.	Exeter, N.H.	1-25-55
24a. BURIAL, CREMATION, ENTOMBMENT, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/26/55	Exeter Cemetery	Exeter, N.H.
IF ENTOMBED 24e. PLACE OF BURIAL	(Name of Cemetery)	LOCATION (City, Town, County) (State)	DATE
25. FUNERAL DIRECTOR	ADDRESS	COUNTERSIGNED - AGENT (City Bd. of Health)	DATE
Carl Brewitt	Exeter, N.H.		
DATE REC'D BY TOWN OR CITY CLERK	CLERK'S OWN SIGNATURE	CLERK OF	
1/24/55	Evelyn H. Zarnowski	Exeter	

A true copy, Attest: Evelyn H. Zarnowski *Clerk of* Exeter, N.H. *Dated* 2/4/55 *19*

V. S. 17

1-53-50M

FEB - 9 1955

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
FEB-9 AM

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

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itions contrib- e death but not the disease or causing death.

- Chapter 137, 1954, requires ans to print or cause or causes th on death ates.

50M-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 19

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. 39 GROVERS AVE St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME REBECCA WOLINSKI
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. (Usual place of abode) No. 41 MERMAID AVE St. WINTHROP (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 2 months ..... days. In place of residence 25 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY 28 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from AUG 19, 1952, to JANUARY 28 1955

I last saw her alive on JAN. 28, 1955, death is said to have occurred on the date stated above, at 12 45 P.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CEREBRAL HEMORRHAGE	3 DAYS
ANTECEDENT CAUSES Due To (b) CORONARY HEART DISEASE	7½ YRS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify.....
(Signed) Louis F. Salerno, M. D.
(Address) 175 PLEASANT ST. Date JAN 28 1955

6 OHEL JACOB CEM, WOBURN
Place of Burial or Cremation (City or Town)
DATE OF BURIAL JANUARY 30, 1955

7 NAME OF FUNERAL DIRECTOR BENJAMIN BIRNBACH
ADDRESS 10 WASHINGTON ST, DORCH.

Received and filed JAN 28 1955 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE
9 COLOR OR RACE WHITE
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) WIDOW

10a If married, widowed, or divorced
HUSBAND of..... (Give maiden name of wife in full)
(or) WIFE of ISRAEL WOLINSKI (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: HOUSE WIFE (Kind of work done during most of working life)

14 Industry or Business: AT HOME

15 Social Security No. NONE

16 BIRTHPLACE (City) (State or country) RUSSIA

PARENTS
17 NAME OF FATHER LOUIS SHAPIRO
18 BIRTHPLACE OF FATHER (City) (State or country) RUSSIA
19 MAIDEN NAME OF MOTHER SARAH (CANNOT BE LEARNED)
20 BIRTHPLACE OF MOTHER (City) (State or country) RUSSIA

21 Informant DR. MAURICE PAUL WOLINSKI
(Address) 41 MERMAID AVE, WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 1/28/55 (Date of Issue of Permit)

EXTRACTS

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GOVERNING THE

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A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

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oid conditions, ving rise to the se (a) stating erlying cause

itions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 20

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 52 Cliff Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charlotte S. Allen (Chestnut)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 3 Nahant Avenue St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 55 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 29 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 1 1955 to Jan 29 1955
I last saw h alive on Jan 29 1955 death is said to have occurred on the date stated above, at 4 A. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia 1 wk

ANTE CEDENT CAUSES (b) Due To Arteriosclerotic Heart Disease 10 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur H. Vickers M. D.
(Address) 3 Nahant Ave Date 1.31 1955

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL February 1, 1955 19

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella
ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed JAN 31 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William A. Allen
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: ~~At home~~ Housework
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Cambridge
(State or country) Mass.

PARENTS

17 NAME OF FATHER James Chestnut

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Elizabeth Stanberg

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

21 Informant Mrs. Charlotte Rouilard
(Address) ~~52 Cliff St., Winthrop, Mass.~~

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer 1/31/55
(Official Designation) (Date of Issue of Permit)

50M-3-53-909098

Revere

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

RECEIVED

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents, or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 21

1 PLACE OF DEATH: Essex (County); Danvers (City or Town)

No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sophie Lindahl (Lach)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 34 Underhill St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 3 months 8 days. In place of residence ... years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 4, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1953, to Jan. 4, 1955
I last saw her alive on Jan. 4, 1955, death is said to have occurred on the date stated above, at 2:10 A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Hypertensive Heart Disease	Yrs
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Bronchopneumonia	4 days

Major findings:
Of operations
Date of operation Was autopsy performed? No
What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Andrew Nichols 3rd M. D.
(Address) Wathorne, Mass Date 1/6/ 1955

6 Winthrop Cem. Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 7 1955

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS Winthrop, Mass.

Received and filed FEB 14 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Robert Lindahl
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 10 Months 18 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 023-10-6803

16 BIRTHPLACE (City) (State or country) Poland

PARENTS

17 NAME OF FATHER Jacob Lach

18 BIRTHPLACE OF FATHER (City) (State or country) Poland

19 MAIDEN NAME OF MOTHER Margaret Theresa (Unknown)

20 BIRTHPLACE OF MOTHER (City) (State or country) Poland

21 Informant Mary E. Shrehan
(Address) Wathorne, Mass.

A TRUE COPY
ATTEST: Arthur W. Ga
(Registrar of City or Town where death occurred)

DATE FILED January 10 1955

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

FEB 1 AM

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 22244

1 PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)

No. Boston City Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leo Guida
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 41 Washington Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 7/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1954, to Jan. 7, 1955

I last saw h.....alive on ——, 19....., death is said to have occurred on the date stated above, at 6:08Am.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arterio sclerotic heart disease with old apical

ANTECEDENT CAUSES Due To (b) Myocardial infarct

Due To (c) Generalized arterio sclerosis

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH
Weeks
Yrs

Major findings:
Of operations.....
Date of operation.....Was autopsy performed?.....
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) M. W. O'Connell, M. D.
(Address) Boston City Hospt. Date 1-7 1955

6 St Michael's Boston Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Jan. 10/55 19....

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS East Boston Mass.

Received and filed FEB 24 1955 19....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR OR RACE: W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of Anna Scucinara
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years.....Months.....Days. If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER: Antonio Guida

18 BIRTHPLACE OF FATHER (City) (State or country): Italy

19 MAIDEN NAME OF MOTHER: Anna ——

20 BIRTHPLACE OF MOTHER (City) (State or country): Italy

21 Informant (Address): Gennaro Guida

A TRUE COPY
ATTEST: Charles A. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Jan. 11/55 19....

RECEIVED

OFFICE OF TOWN CLERK

FEB 2 AM

FORM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(c)-11-49-900.475

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 643 23

1 PLACE OF DEATH

SUFFOLK (County)

BOSTON (City or Town)

No. enroute to E Boston Relief Station St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Banda
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 83 Sunnyside Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 19, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Hypertensive heart disease
Acute cardiac failure

5 Accident, suicide, or homicide (specify):

Date and hour of injury.....19.....

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury Collapsed suddenly and (How did injury occur?)

Nature of Injury died quickly

While at work? ? Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) W J Brickley, M. D.

(Address) Boston Mass Date 1/19 19 55

7 New Calvary Cem Boston
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Jan 22 1955

8 NAME OF FUNERAL DIRECTOR Pennacchio & Son Inc

ADDRESS Boston Mass

Received and filed MAR 11 1955 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male

10 COLOR OR RACE White

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced HUSBAND of Helen McLaughlin
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 56 Years.....Months.....Days If under 24 hours .....Hours.....Minutes

14 Usual Occupation: M T A Guard
(Kind of work done during most of working life)

15 Industry or Business: --

16 Social Security No. 015-24-4808

17 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

18 NAME OF FATHER John Banda

19 BIRTHPLACE OF FATHER (City) (State or country) Italy

20 MAIDEN NAME OF MOTHER Caroline --

21 BIRTHPLACE OF MOTHER (City) (State or country) --

22 Informant (Address) Wife

A TRUE COPY, ATTEST: Charles J. Macki
(Registrar of City or Town where death occurred)

DATE FILED Jan 24 19 55

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

MAR 11 AM

RM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 24

1 PLACE OF DEATH: Suffolk (County) — Boston (City or Town)

No. 50 Somerset Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alma Stetson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so, specify WAR)

(a) Residence. No. 31 Villa Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 20/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Arterio sclerotic heart disease
probably coronary sclerosis

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did Injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)

Manner of Injury Collapsed suddenly and died quickly
(How did injury occur?)

Nature of Injury ?

While at work? ..... Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) W. J. Bridley M.D.

(Address) Boston Mass. Date 1-21 19 55

7 Place of Burial, or Cremation Notre Dame Cem. Worcester Mass.
(City or Town)

DATE OF BURIAL Jan. 24/55 19.....

8 NAME OF FUNERAL DIRECTOR A M Roy

ADDRESS Worcester Mass.

Received and filed MAR 11 1955 19.....

.....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX F

10 COLOR OR RACE W

11 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed

11a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of Orlando Stetson
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 71 Years.....Months.....Days If under 24 hours .....Hours.....Minutes

14 Usual Occupation: Storekeeper
(Kind of work done during most of working life)

15 Industry or Business:.....

16 Social Security No.....

17 BIRTHPLACE (City) Worcester Mass.
(State or country)

PARENTS

18 NAME OF FATHER C Louis Miville

19 BIRTHPLACE OF FATHER (City) Canada
(State or country)

20 MAIDEN NAME OF MOTHER Amanda Bolduc

21 BIRTHPLACE OF MOTHER (City) Canada
(State or country)

22 Informant H E Miville
(Address)

A TRUE COPY.

ATTEST: .....
(Registrar of City or Town where death occurred)

DATE FILED Jan. 25/55 19.....

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
MAR 11 AM

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 25

1 PLACE OF DEATH

Essex (County)

Danvers (City or Town)

No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ina Blackburn (Bourne)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 125 Cliff Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 2 months 22 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 24, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1954, to Jan. 24, 1955
I last saw her alive on Jan. 24, 1955, death is said to have occurred on the date stated above, at 12:45 A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Arteriosclerotic Heart Disease	yrs
ANTECEDENT CAUSES Due To (b) Generalized Arteriosclerosis	yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Virus Infection	Days

Major findings:
Of operations
Date of operation Was autopsy performed? No
What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Andrew Nichols 3rd. M. D.
(Address) Hathorne, Mass. Date 1/28/ 195

6 Riverside Cem. Rochester, N.Y.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 29 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed FEB 14 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Albert Blackburn
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 0 Months 6 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Unable to work
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Nebraska

PARENTS

17 NAME OF FATHER Thomas Bourne

18 BIRTHPLACE OF FATHER (City) (State or country) England

19 MAIDEN NAME OF MOTHER Polly Thacker

20 BIRTHPLACE OF MOTHER (City) (State or country) England

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY
ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED January 31 1955

RECEIVED
OFFICE OF TOWN CLERK
THROP
FEB1 AM

1 R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

does not mean of dying, such lure, asthenia, ns the disease, cations which th.

d conditions, ing rise to the e (a) stating lying cause

tions contrib- e death but not he disease or ausing death.

Chapter 137, 1954, requires ns to print or cause or causes th on death tes.

50M-3-54-911887

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 26

PLACE OF DEATH

1 County: Suffolk
City or Town: Winthrop
No. 6 Loring Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emily Albertina (Fagerstedt) Hagman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 6 Loring Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 45 years months days. In place of residence 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY (Month) 1 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JANUARY 10 1940 to February 1 1955
I last saw her alive on February 1 1955, death is said to have occurred on the date stated above, at 6:10 P.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral HEMORRHAGE	4 days
ANTECEDENT CAUSES Due To (b) Cerebral ARTERIOSCEROSIS	2 yrs.
Due To (c) UREMIA	48 hrs
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations NONE
Date of operation NONE Was autopsy performed? NO
What test confirmed diagnosis Clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Jacob J. Abrams M.D. M. D.
(Address) 1362 Shirley St. Winthrop 2/2/55

6 Place of Burial or Cremation Winthrop Cemetery (City or Town) Winthrop
DATE OF BURIAL February 4 1955

7 NAME OF FUNERAL DIRECTOR Victoria G. Reynolds
ADDRESS 180 Winthrop St. Winthrop

Received and filed FEB - 3 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Eric G. Hagman (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 4 Months 1 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Unable to obtain (State or country) Sweden

PARENTS

17 NAME OF FATHER — — — Fagerstedt

18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country) Sweden

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) Sweden

21 Informant Mrs Violet Hagman Bucknam
(Address) 6 Loring Road Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 2/3/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

FEB 3 1947

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-302

WHITE PAPER, WITH CHARCOAL BACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900,475

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Barre (City or town making return)

Registered No. 27

1 PLACE OF DEATH: Worcester (County); Barre (City or Town)

No. Kendall St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert Lee Belcher (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, (if so specify WAR) None

(a) Residence. No. 339 Winthrop (Usual place of abode) St. Winthrop, Mass (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 2 months 12 days. In place of residence 83 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. (Month) 4 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 12/1, 1954, to 2/4, 1955

I last saw him alive on 1/21, 1955, death is said to have occurred on the date stated above, at 6:45 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertension and Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yr

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John H. Warner, M. D.

(Address) So. Barre Mass Date 2/5, 1955

Winthrop Cem (Place of Burial or Cremation) Winthrop (City or Town)

DATE OF BURIAL Feb 7, 1955

7 NAME OF FUNERAL DIRECTOR Snyder & Britton

ADDRESS Barre, Mass

Received and filed Feb, 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Divorced

10a If married, widowed, or divorced HUSBAND of Lennie White (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 7 Months 22 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Florist (Kind of work done during most of working life)

14 Industry or Business: Flower Shop, Greenhouse

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

17 NAME OF FATHER John Wesley Belcher

18 BIRTHPLACE OF FATHER (City) (State or country) Winthrop Mass

19 MAIDEN NAME OF MOTHER Helen Chase

20 BIRTHPLACE OF MOTHER (City) (State or country) Harwich Mass.

21 Informant H. Elaine Belcher (Address) Barre, Mass.

A TRUE COPY

ATTEST: Fremont C. Case (Registrar of City or Town where death occurred)

DATE FILED Feb. 6, 1955

V.B.V

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

FEB 11 AM

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such ailure, asthenia, ans the disease, ications which ath.

id conditions, ving rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 28

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Thomson Stainforth
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 124 Cottage Park Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years 4 months ... days. In place of residence 50 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February (Month) 6 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1954, to Feb. 6th, 1955
I last saw her alive on Jan. 28th, 1955 death is said to have occurred on the date stated above, at 9.10 A.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Arteriosclerotic heart
Decubitus ulcer 1mo.

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) Acute coronary Syrc

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Myron N. King, M. D.
(Address) 100 Pleasant St Winthrop Date 2/7 1955

6 Woodlawn Cemetery, Everett, Mass.
Place of Burial or Cremation (City or Town)
DATE OF Cremation Feb 8 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed FEB 2 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Alfred Stainforth (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 7 Months 27 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. 018-12-4764-D

16 BIRTHPLACE (City) Scone
(State or country) Scotland

PARENTS

17 NAME OF FATHER Unknown
18 BIRTHPLACE OF FATHER (City)
(State or country) Scotland
19 MAIDEN NAME OF MOTHER Unknown
20 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

21 Informant Henry A. Stainforth
(Address) 36 Waldemar Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mass. Walter L. Vance 2/8/55
(Signature of Agent of Board of Health or other)
Health Officer 2/8/55
(Official Designation) (Date of Issue of Permit)

50M (8)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED
FEB 1 1 1946

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

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itions contrib- he death but not the disease or causing death.

50M-2-49-25666

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 29

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 896 Shirley St Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Johanna M Wilson (Zelek)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 896 A Shirley St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 30 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: Feb. (Month) 8 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 12/12, 1954, to 2/8, 1955

I last saw her alive on 2/7 1955 death is said to have occurred on the date stated above, at 8³⁰ A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ACUTE CORONARY OCCL	10 min
ANTECEDENT CAUSES Due To (b) ARTERIO-SCLEROTIC HEART DISEASE	2 YRS.
Due To (c) ① ULCER RT. LEG	
OTHER SIGNIFICANT CONDITIONS ② RT. SAPHENOUS THROMBO-PHLEBITIS	2 WKS.

Major findings: Of operations VENOUS CLOT

Date of operation JAN 1955 Was autopsy performed? No -

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Myron N. King, M. D.

(Address) 222 PLEASANT ST WINTHROP Date 2/8/1955

6 Place of Burial or Cremation: Cambridge (City or Town) Cambridge

DATE OF BURIAL Feb. 11 19

7 NAME OF FUNERAL DIRECTOR Maurice T. Fahey

ADDRESS Winthrop

Received and filed FEB 10 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Henry
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: Saleswoman
(Kind of work done during most of working life)

14 Industry or Business: Department Store

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Cambridge Mass

PARENTS

17 NAME OF FATHER Carl Zelek

18 BIRTHPLACE OF FATHER (City) (State or country) Cambridge

19 MAIDEN NAME OF MOTHER Johanna Bock

20 BIRTHPLACE OF MOTHER (City) (State or country) Cambridge

21 Informant Mrs Zelek
(Address) 896 Shirley St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

H. O.
(Official Designation)

April 10 - 55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons who are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec.46, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 30

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Marion Small (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 26 Beacon Street St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February (Month) 10 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 22 1951 to Feb. 10 1955 I last saw her alive on Feb. 10 1955 death is said to have occurred on the date stated above, at 9:45 AM

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral Hemorrhage	4 days
ANTECEDENT CAUSES Due To (b) Hypertension (arteriosclerotic)	2 yrs.
Due To (c) Chronic Interstitial Nephritis	6 mos
OTHER SIGNIFICANT CONDITIONS Gout	2 wks.

Major findings: Of operations NONE

Date of operation NONE Was autopsy performed? NO

What test confirmed diagnosis? Clinical + Lab.

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Sign) Jacob J. Chaves M.D., M. D.

(Address) 562 Hanley St. Winthrop Date 2/11/55

6 Sagamore Cemetery (Place of Burial or Cremation) Portsmouth N.H. (City or Town)

DATE OF BURIAL Entombment Feb. 12, 1955

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed FEB 14 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female

9 COLOR OR RACE: white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Norman Aldrich Small (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 7 Months 25 Days; If under 24 hours Hours Minutes

13 Usual Occupation: housewife (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 014-22-9827

16 BIRTHPLACE (City) Medford (State or country) Mass.

PARENTS

17 NAME OF FATHER Frank E. Lucia

18 BIRTHPLACE OF FATHER (City) Vergennes (State or country) Vermont

19 MAIDEN NAME OF MOTHER Julia Welch

20 BIRTHPLACE OF MOTHER (City) Medford (State or country) Mass.

21 Informant Norman A. Small (Address) 26 Beacon St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/11/55 (Date of Issue of Permit)

V.B.V

50M (8)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where some was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap 46, Sec. 10.

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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 31

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 46 Lewis Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Sinclair Davis
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 46 Lewis Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 40 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 11, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from October, 1954 to Feb. 11, 1955

I last saw him alive on Feb. 11, 1955 death is said to have occurred on the date stated above, at 8:45 A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage	1 yr.
ANTECEDENT CAUSES Due To (b) Arterio sclerosis	5 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Bronchopneumonia (Terminal)	3 days

Major findings:
Of operations

Date of operation Was autopsy performed? No.

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liebman, M. D.
(Address) Winthrop, Mass Date 2/11/1955

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 14, 1955, 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed FEB 14 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male

9 COLOR OR RACE white

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Emma Amanda Rodney
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 1 Months 6 Days | If under 24 hours Hours Minutes

13 Usual Occupation Retired Insurance Broker
(Kind of work done during most of working life)

14 Industry or Business: General Insurance Business

15 Social Security No. 035-26-0699

16 BIRTHPLACE (City) Scranton
(State or country) Penna.

PARENTS

17 NAME OF FATHER William Sinclair Davis

18 BIRTHPLACE OF FATHER (City) Scranton
(State or country) Penna.

19 MAIDEN NAME OF MOTHER Anna Otto

20 BIRTHPLACE OF MOTHER (City) Scranton
(State or country) Penna.

21 Informant Mrs. Frederick S. Davis
(Address) 46 Lewis Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

HO Atte
(Official Designation)

2/14/55
(Date of Issue of Permit)

V.H.V

50M (B)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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. . . Chap. 114, Sec 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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does not mean of dying, such ilure, asthenia, ans the disease, cations which th.

id conditions, ing rise to the se (a) stating rlying cause

tions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 32

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 24 Perkins Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gladys Elizabeth Tuckerman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 24 Perkins Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence ....years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 13, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from JUNE 8, 1953, to FEB 12, 1955

I last saw HER alive on FEB. 12, 1955, death is said to have occurred on the date stated above, at 10 45 A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) CARDIAC DECOMPENSATION	8 mo
ANTECEDENT CAUSES Due To (b) CHRONIC MYOCARDITIS	8 mo
Due To (c) DECUBITUS LEFT BUTTOX	5 days

OTHER SIGNIFICANT CONDITIONS OLD SPINE INJURY WITH PARALYSIS ARMS-LEGS-NECK-PARAPLEGIC SINCE AGE 8

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) A. N. Caplan M. D.
(Address) 19 MERMAID AVE WINTHROP 2-13, 1955

6 Woodlawn Crematory Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Cremation February 14, 1955

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed FEB 14 1955 19....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female

9 COLOR OR RACE white

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 5 Months 25 Days | If under 24 hours ....Hours ....Minutes

13 Usual Occupation: none-crippled since her fifth birthday by fall.
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Stoneham
(State or country) Mass.

PARENTS

17 NAME OF FATHER Albert Williams Tuckerman

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Dennison Rebecca Josephine

20 BIRTHPLACE OF MOTHER (City) Brooklyn
(State or country) New York

21 Informant Charles D. Tuckerman
(Address) 24 Perkins St, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) 2/14/55 (Date of Issue of Permit)

50M (B)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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itions contrib- e death but not the disease or causing death.

50M (B)-1-51 903586

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 33

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 73 Chester Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: John Maw Jr. (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR): NO.

(a) Residence. No. 73 Chester Avenue St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 47 years ... months ... days. In place of residence 47 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: February 15, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN. 29, 1955 to FEB. 15, 1955

I last saw him alive on FEB. 14, 1955, death is said to have occurred on the date stated above, at 4:45 A.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) LOBAR PNEUMONIA RIGHT	4 DAYS
ANTECEDENT CAUSES Due To (b) CEREBRAL HEMORRHAGE with Rt. HEMIPARESIS	18 DAYS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS HYPERTENSIVE + ARTERIO-SCLEROTIC HEART DISEASE	5 YRS.

Major findings: Of operations: NONE

Date of operation: NONE Was autopsy performed? No.

What test confirmed diagnosis? CLINICAL + LABORATORY.

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Maurice Trauneftein, Jr. M. D.

(Address) 562 SHIRLEY ST, WINTHROP. Date FEB. 15, 1955.

6 Place of Burial or Cremation: Winthrop Cemetery (City or Town) Winthrop, Mass.

DATE OF BURIAL February 17, 1955, 19

7 NAME OF FUNERAL DIRECTOR: Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop,

Received and filed FEB 16 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male

9 COLOR OR RACE: white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced HUSBAND of Anna Davies Hutchinson (Give maiden name of wife in full)

(or) WIFE of ... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 3 Months 9 Days — If under 24 hours: Hours ... Minutes

13 Usual Occupation: Retired ~~patant~~ pattern maker (Kind of work done during most of working life)

14 Industry or Business: Shipbuilding Co.

15 Social Security No. 023-12-0767-A.

16 BIRTHPLACE (City) Montreal (State or country) Canada

PARENTS

17 NAME OF FATHER: John Maw

18 BIRTHPLACE OF FATHER (City) (State or country): Canada

19 MAIDEN NAME OF MOTHER: Elizabeth Nourse

20 BIRTHPLACE OF MOTHER (City) (State or country): Canada

21 Informant: Mrs. John Maw (Address) 73 Chester Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mass. Walter L. Baker (Signature of Agent of Board of Health or Other)

Health Officer (Official Designation) 2/16/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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RECEIVED
TOWN
FEB 1 P.M.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

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Chapter 137, 954, requires s to print or ause or causes n on death es.

50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 31

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine S. Collins (McCarthy)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 4 Johnson Ave., Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb (Month) 17 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1955, to 2/17, 1955
I last saw he alive on 2/16, 1955, death is said to have occurred on the date stated above, at 1:23 A m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Ac. Coronary Thrombosis	Sudden 3 hrs.
ANTECEDENT CAUSES Due To (b) Arteriosclerotic Heart Disease	3 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Chronic Bronchiectasis	2 yrs.

Major findings: Of operations 0
Date of operation 0 Was autopsy performed?
What test confirmed diagnosis? 0

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D. D. Potts, M. D.
(Address) 17a Bennington St. E.B. Date 2/17 1955

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL February 19th 1955

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed FEB 18 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Michael L. Collins
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 11 Months 23 Days | If under 24 hours Hours Minutes

13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: Housewife

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Ireland

PARENTS
17 NAME OF FATHER Jeremiah McCarthy
18 BIRTHPLACE OF FATHER (City) (State or country) Ireland
19 MAIDEN NAME OF MOTHER Hanora O'Neil
20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Mrs. Carmen A. Pastore-dau.
(Address) 4 Johnson Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of ~~Agent of~~ Board of Health or other)
H.O
(Official Designation) (Date of Issue of Permit) 2/18/55

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, as supposed, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 7.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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50M-3-54-911867

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 35

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 110 Almont St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stella May (Murphy) Jennings (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 110 Almont St. (If nonresident, give city or town and State)

Length of stay: In place of death 8 years months days. In place of residence 55 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb (Month) 19 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec, 1945, to Feb 15, 1955. I last saw her alive on Feb 15, 1955, death is said to have occurred on the date stated above, at 8⁰⁰ A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary arteriosclerosis	5 years
ANTECEDENT CAUSES (b) Due To	
(c) Due To	
OTHER SIGNIFICANT CONDITIONS Congestive heart failure	

Major findings: Of operations — Date of operation — Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) M. B. Greenfield, M. D.
(Address) 447 Shirley St. Winthrop Date Feb 21 1955

6 Woodlawn Crematory (Place of Burial or Cremation) (City or Town) EVER. T.

DATE OF BURIAL Feb 21 1955

7 NAME OF FUNERAL DIRECTOR Victoria A. Reynolds

ADDRESS 180 Winthrop St.

Received and filed FEB 21 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James Richard Jennings (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 2 Months 25 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. 023-10-6700B

16 BIRTHPLACE (City) Lunenburg County (State or country) Nova Scotia

PARENTS

17 NAME OF FATHER Zecharias Murphy

18 BIRTHPLACE OF FATHER (City) Lunenburg County (State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Nellie Herring

20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) Nova Scotia

21 Informant Doris Marden (Address) 110 Almont St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. G. Baker
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) 2/21/55 (Date of Issue of Permit)

I.K.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 36

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 130 Growers Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Arthur Beckett
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 130 Growers Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 10 years ... months ... days. In place of residence 10 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February (Month) 21 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at 1 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes Presumably Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES Due To (b) Generalized Arterio-

Due To (c) Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Years

OTHER SIGNIFICANT CONDITIONS ...

Major findings: Of operations ...

Date of operation ... Was autopsy performed? no

What test confirmed diagnosis? ...

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) Thos. C. Murray M. D.
(Address) Winthrop Board of Health Date 22 Feb 1955

6 Cambridge Cemetery Cambridge
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb 24 1955

7 NAME OF FUNERAL DIRECTOR Victoria A. Reynolds
ADDRESS 180 Winthrop St.

Received and filed FEB 25 1955 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male | 9 COLOR OR RACE White | 10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Divorced

10a If married, widowed, or divorced HUSBAND of Unknown to Nitam
(Give maiden name of wife in full)
(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 5 Months 5 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Repair Telephone
(Kind of work done during most of working life)

14 Industry or Business: Telephone Co

15 Social Security No. 015-20-1256

16 BIRTHPLACE (City) Sutton
(State or country) New Hampshire

PARENTS

17 NAME OF FATHER Charles P. Beckett

18 BIRTHPLACE OF FATHER (City) Portland
(State or country) Maine

19 MAIDEN NAME OF MOTHER Grace Brown

20 BIRTHPLACE OF MOTHER (City) Sutton
(State or country) New Hampshire

21 Informant Ruth B. Cheney
(Address) 130 Growers Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Baker
(Signature of Agent of Board of Health or other)

40 (Official Designation) 2/23/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

FEB 25 1945

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 37

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 69 Court Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J. Marshall
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 69 Court Rd St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 30 years ..... months ..... days. In place of residence 30 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb (Month) 24 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1954, to 24 Feb, 1955
I last saw him alive on 23 Feb, 1955, death is said to have occurred on the date stated above, at 9 40 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) General Arterio-Sclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation ..... Was autopsy performed? No

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John D. Sabinella, M. D.
(Address) 305 Chelsea St East Date 26 Feb 1955

6 Holyhood Brookline
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb 28 1955

7 NAME OF FUNERAL DIRECTOR Charles H. Treanor
ADDRESS East Boston

Received and filed FEB 25 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M. | 9 COLOR OR RACE W. | 10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Margaret Moran
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Retired Captain
(Kind of work done during most of working life)

14 Industry or Business: Boston Fire Dept.

15 Social Security No. None

16 BIRTHPLACE (City) East Boston
(State or country)

PARENTS
17 NAME OF FATHER James Marshall
18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
19 MAIDEN NAME OF MOTHER Ellen Doherty
20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Margaret Marshall
(Address) 69 Court Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter E. Baker
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) (Date of Issue of Permit) 2/25/55

V.I.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

1 R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

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d conditions, ing rise to the e (a) stating lying cause

tions contrib- death but not he disease or ausing death.

50M-(D)-6-51-904917

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 38

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Town Wharf St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Ford
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 6 Central St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence .....years .....months .....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb (Month) 24 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h.....alive on....., 19....., death is said to have occurred on the date stated above, at ..... m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Intra-uterine asphyxiation

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) Pre-Maturity

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS .....

Major findings:
Of operations.....

Date of operation.....Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) B. W. Bartlett M. D.
(Address) Boston Date FEB 27 1955

6 Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL March 2 1955

7 NAME OF FUNERAL DIRECTOR Maurice F. Luby
ADDRESS Winthrop

Received and filed MAR 2 1955 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE .....Years .....Months .....Days | If under 24 hours .....Hours .....Minutes

13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No. .....

16 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS

17 NAME OF FATHER Gerald Ford

18 BIRTHPLACE OF FATHER (City) East Boston (State or country)

19 MAIDEN NAME OF MOTHER Flora Gunther

20 BIRTHPLACE OF MOTHER (City) East Boston (State or country)

21 Informant Gerald Ford
(Address) 6 Central St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Bakers
(Signature of Agent of Board of Health or other)
Health Officer 3/2/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46 (G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one e for each (b) and (c)

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bid conditions. ving rise to the use (a) stating erlying cause

litions contrib- he death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 39

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Com. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry J. Haselton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 54 Johnson Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 2 months ..... days. In place of residence 12 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 25 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 3 1954 to February 25/55
I last saw him alive on February 25 1955 Death is said to have occurred on the date stated above, at 1:30 pm

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Adenocarcinoma of descending colon	6 mos
ANTECEDENT CAUSES Due To (b) General carcinomatosis	3 mos
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Uremia	24 hrs.

Major findings of operation: Adenocarcinoma of colon.
Date of operation July 3/54 Was autopsy performed? no
What test confirmed diagnosis? Clinical & path.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob J. Abrams M.D. M. D.
(Address) 562 Shirley St. Date 2/27/55

6 Winthrop Place of Burial or Cremation (City or Town) Winthrop Mass
DATE OF BURIAL Feb. 28 1954

7 NAME OF FUNERAL DIRECTOR Maurice W. Kaby
ADDRESS 210 Winthrop St Winthrop

Received and filed FEB 28 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Anna McNamara (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Jeweler (Kind of work done during most of working life)

14 Industry or Business: Jewelry

15 Social Security No. .....

16 BIRTHPLACE (City) E. Boston (State or country) Mass

PARENTS
17 NAME OF FATHER John H. Haselton
18 BIRTHPLACE OF FATHER (City) England (State or country)
19 MAIDEN NAME OF MOTHER Rose Sokiam
20 BIRTHPLACE OF MOTHER (City) Maryland (State or country)

21 Informant Anna Haselton
(Address) 54 Johnson Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/28/55 (Date of Issue of Permit)

SOM-2-19-25666

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

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id conditions, ing rise to the e (a) stating rlying cause

tions contrib- e death but not the disease or causing death.

- Chapter 137, 1954, requires ns to print or cause or causes th on death tes.

50M-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 40

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 15 Johnson Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lily (Smart) Hancock
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Johnson Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years.... months.... ....days. In place of residence 30 years.... months.... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb (Month) 26 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept., 1945, to Feb. 26, 1955

I last saw h. alive on Feb. 26, 1955, death is said to have occurred on the date stated above, at 9:45 A.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CORONARY THROMBOSIS	1 day
ANTECEDENT CAUSES Due To (b) HYPERTENSION	10 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS DIABETES	5 yrs

Major findings: Of operations —

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Louis F. Salerno, M. D.
(Address) 175 Pleasant St. Date Feb. 26, 1955

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 1, 1955

7 NAME OF FUNERAL DIRECTOR Victoria A. Reynolds
ADDRESS 180 Winthrop St. Winthrop

Received and filed FEB 28 1955 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female | 9 COLOR OR RACE White | 10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Thomas G. Hancock
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 10 Months 19 Days | If under 24 hours .... Hours .... Minutes

13 Usual Occupation: Home Maker
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Scotsburn
(State or country) Nova Scotia

PARENTS

17 NAME OF FATHER William Smart

18 BIRTHPLACE OF FATHER (City) Aberdine
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Catherine MacKay

20 BIRTHPLACE OF MOTHER (City) Earltown
(State or country) Nova Scotia

21 Informant Frances Key
(Address) 15 Johnson Ave. Winthrop,

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

HO 3/28/55
(Official Designation) (Date of Issue of Permit)

V.B.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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X

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 41

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 258 Court Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edith Sawyer Newton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 258 Court Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 30 years ... months ... days. In place of residence 30 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 26, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h — alive on —, 19..., death is said to have occurred on the date stated above, at 8 A. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes —

ANTECEDENT CAUSES Due To (b) Presumably Coronary Occlusion

Due To (c) Arterio-sclerotic Heart Disease —

OTHER SIGNIFICANT CONDITIONS Cerebral Arterio-Sclerosis —

Major findings: Of operations —

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur E. McMurray, M. D.
(Address) Winthrop Board of Health Date 28 Feb 1955

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 1, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed MAR 1 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Allen Edward Newton
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years 6 Months 7 Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Malden
(State or country) Mass.

PARENTS

17 NAME OF FATHER Charles Addison Sawyer

18 BIRTHPLACE OF FATHER (City) Stirling
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Alice Cogshal

20 BIRTHPLACE OF MOTHER (City) Nantucket
(State or country) Mass.

21 Informant Allen E. Newton
(Address) 258 Court Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer — 3/1/55
(Official Designation) (Date of Issue of Permit)

50M (B)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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—Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED
OCT 2 1 1947
MAR 1 1

RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 42

1 PLACE OF DEATH: SUFFOLK. (County) WINTHROP (City or Town)

No. MOUNT'S CONVALESCENT HOME St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELLEN L. McCARTHY (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NONE

(a) Residence. No. 43 SARATOGA St. EAST BOSTON (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 4 months ..... days. In place of residence 50 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY (Month) 28 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from NOVEMBER 1954, to FEBRUARY 28, 1955

I last saw HER alive on FEBRUARY 27, 1955, death is said to have occurred on the date stated above, at 10:15 A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) TERMINAL PNEUMONIA	4 DAYS
ANTE CEDENT CAUSES Due To (b) CEREBRAL THROMBOSIS	8 DAYS
Due To (c) HYPERTENSIVE HEART DISEASE	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify.....

(Signed) Francis P. Schraffa, M. D.

(Address) 149 Putnam St. S.B. Date MAR. 1 1955

6 CALVARY (Place of Burial or Cremation) BOSTON (City or Town)

DATE OF BURIAL MARCH 3 1955

7 NAME OF FUNERAL DIRECTOR John T. White

ADDRESS 135 Boylston St. E. Boston

Received and filed MAR 1 1955 19..

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F.

9 COLOR OR RACE WHITE

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: HOUSE WORK (Kind of work done during most of working life)

14 Industry or Business: AT HOME

15 Social Security No. NONE

16 BIRTHPLACE (City) BOSTON (State or country) MASS.

PARENTS

17 NAME OF FATHER John T. McCARTHY

18 BIRTHPLACE OF FATHER (City) UNKNOWN (State or country) IRELAND

19 MAIDEN NAME OF MOTHER CATHERINE L. CLIFFORD

20 BIRTHPLACE OF MOTHER (City) UNKNOWN (State or country) IRELAND

21 Informant MARY T. SULLIVAN (NIECE)

(Address) 43 Saratoga St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

Health Officer 3/1/55

(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RECEIVED
MAR 1 1946

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 800 43

1 PLACE OF DEATH: S R (County) ..... (City or Town) ..... No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard E Cox (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) .....

(a) Residence. No. 57 Seaview Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 24, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fracture of skull. Accidental fall on sidewalk. Boston 1/21/55

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did Injury occur?..... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? ..... (Specify type of place)

Manner of Injury ..... (How did injury occur?)

Nature of Injury .....

While at work? ..... Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) R Ford, M. D.

(Address) ..... Date 1/24 19 55

7 Winthrop Cem Winthrop Mass
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Jan 27 19 55

8 NAME OF FUNERAL DIRECTOR E P Caggiano

ADDRESS Winthrop Mass

Received and filed MAR 18 1955 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: Male

10 COLOR OR RACE: White

11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

11a If married, widowed, or divorced HUSBAND of Alice E Budreau (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 41 Years 10 Months .....Days. If under 24 hours .....Hours .....Minutes

14 Usual Occupation: Electrician (Kind of work done during most of working life)

15 Industry or Business: Navy Yard

16 Social Security No. —

17 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

18 NAME OF FATHER Richard D Cox

19 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass

20 MAIDEN NAME OF MOTHER Lillie Jacobs

21 BIRTHPLACE OF MOTHER (City) (State or country) W Newton Mass

22 Informant (Address) Wife

A TRUE COPY.
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Jan 27 19 55

RECEIVED

MAR 18 AM

Vol 1

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 1010 44

1 PLACE OF DEATH

Suffolk (County)

Boston (City or Town)

No. St.Elizabeth's Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Leammon
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 45 Winthrop St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months....9....days. In place of residence....20....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan.29/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1955, to Jan. 29, 1955

I last saw h.....im alive on Jan.29, 1955 death is said to have occurred on the date stated above, at 1:25PM.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Astrocytoma left cerebral hemisphere

INTERVAL BETWEEN ONSET AND DEATH: ~~3 Mos.~~

ANTECEDENT CAUSES Due To (b)

Due To (c) Operation;

~~OTHER SIGNIFICANT CONDITIONS~~ Astrocytoma left cerebral hemisphere 1-26-55

Major findings:
Of operations.....

Date of operation.....Was autopsy performed? Yes

What test confirmed diagnosis? Biopsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) J Doherty M.D.
(Address) St.Elizabeth's Hospt Date 1-29 1955

6 Winthrop Cem-Winthrop Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 1/55 19.....

7 NAME OF FUNERAL DIRECTOR R C Kirby
ADDRESS Boston Mass.

Received and filed MAR 24 1955 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR OR RACE: W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Marion L Sloan
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years 10 Months 14 Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Longshoreman
(Kind of work done during most of working life)

14 Industry or Business: Waterfront

15 Social Security No. 024-03-1431

16 BIRTHPLACE (City) England
(State or country)

PARENTS

17 NAME OF FATHER Samuel Leammon

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Mary Smith

20 BIRTHPLACE OF MOTHER (City) England
(State or country)

21 Informant Wife
(Address)

A TRUE COPY
ATTEST: Charles A. Tomasetti
(Registrar of City or Town where death occurred)

DATE FILED Feb. 3/55 19.....

1 12 V

RECEIVED
OFFICE OF TOWN CLERK
THROP
MAR 24 AM

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 1074 45

1 PLACE OF DEATH

SUFFOLK (County)

BOSTON (City or Town)

No. 750 Harrison Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida Gorberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 18 Dolphin Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 3 days. In place of residence 12 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 31, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 29 1955 to Jan 31 1955

I last saw h.....alive on Jan 31 1955

and death is said to have occurred on the date stated above, at 10:15 a m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 3 dys

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....
Date of operation..... Was autopsy performed? no
What test confirmed diagnosis? EKG

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) R R Patan M.D.
(Address) 62 E Newton St Date 1/31 1955

6 Golden Crown Cem Woburn Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb 1 1955

7 NAME OF FUNERAL DIRECTOR A Golov
ADDRESS Boston Mass

Received and filed MAR 25 1955 19.....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female | 9 COLOR OR RACE White | 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full) Shepard Gorberg
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. --

16 BIRTHPLACE (City) (State or country) Russia

PARENTS

17 NAME OF FATHER Kopel Rantz

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Gussie --

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) Jack Elfant (son in law)

A TRUE COPY ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Feb 4 1955

RECEIVED
TOR
MAR 25 AM

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 1170 46

1 PLACE OF DEATH

SUFFOLK
(County)

BOSTON
(City or Town)

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J Stinson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 483 Shirley St St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 15 days. In place of residence 30 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 2, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 18 1955 to Feb 2 1955
I last saw him alive on Feb 2 1955 death is said to have occurred on the date stated above, at 7:25 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Broncho pneumonia severe	2 days
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS (Carcinoma of sigmoid resected	10 dys

Major findings: Of operations Carcinoma sigmoid
Date of operation 1/26/55 Was autopsy performed? yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. L. Clay M. D.
(Address) M G H Date 2/3 1955

6 Winthrop Cem Winthrop Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb 5 1955

7 NAME OF FUNERAL DIRECTOR M W Kirby
ADDRESS Winthrop Mass

Received and filed MAR 28 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Agnes Thompson
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years.....Months.....Days
If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Laborer
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. —

16 BIRTHPLACE (City) Bedford Me
(State or country)

PARENTS

17 NAME OF FATHER Alexander Stinson

18 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

19 MAIDEN NAME OF MOTHER Jane Lee

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Wife
(Address)

A TRUE COPY
ATTEST: [illegible] M. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Feb 8 1955

V.R.V

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
MAR 28 AM

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 1328 47

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Carney Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elsie R Doig
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 129 Cliff Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 30 days. In place of residence 31 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 7/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan/24, 1955, to Feb. 7, 1955
I last saw her alive on Feb. 7, 1955, death is said to have occurred on the date stated above, at 7:15PM.m.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	Metastatic Carcinoma of breast	1 Yr.
ANTE CEDENT CAUSES Due To (b)		
Due To (c)		
OTHER SIGNIFICANT CONDITIONS	Diabetes Insipidas	1 Month
	Small bowel obstruction due to adhesions	1 Week

Major findings: Of operations Metastatic carcinoma of breast small bowel obstruction due to adhesions
Date of operation 1-25-55 Was autopsy performed?
What test confirmed diagnosis? 1-20-55 and 2-7-55 operation and clinical

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. W. Powers, M. D.
(Address) Carney Hospt Winthrop Cen-Winthrop Mass. Date 2-7 1955

6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb/10/55 19

7 NAME OF FUNERAL DIRECTOR V A Reynolds
ADDRESS Winthrop Mass.

Received and filed MAR 31 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR OR RACE W
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Andrew Gray Doig
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 35 Years 9 Months 20 Days
If under 24 hours ....Hours....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Waverly Mass.

PARENTS
17 NAME OF FATHER Henry E Tirrell
18 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass.
19 MAIDEN NAME OF MOTHER Alice Harrington
20 BIRTHPLACE OF MOTHER (City) (State or country) Somerville Mass.

21 Informant (Address) A G Doig Husband
Husband

A TRUE COPY
ATTEST:
(Registrar of City or Town where death occurred)

DATE FILED Feb. 11/55 19

L.P.V

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town, in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1539 48

1 PLACE OF DEATH

SUFFOLK (County)

BOSTON (City or Town)

No. The Children's Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Faith King
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 222 Pleasant St St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 2 days. In place of residence.....years 8 months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 14, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb 12 19 55, to Feb 14, 19 55

I last saw her alive on Feb 14, 19 55 death is said to have occurred on the date stated above, at 7:43 p.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia

ANTECEDENT CAUSES Due To (b) Congenital heart disease

Due To (c)

OTHER SIGNIFICANT CONDITIONS Mongolism

Major findings:
Of operations.....

Date of operation.....Was autopsy performed? no

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) L E Gibson, M. D.
(Address) 300 Longwood Ave Date —, 19

6 Pride of Boston Cem Woburn Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb 15 19 55

7 NAME OF FUNERAL DIRECTOR A Golov
ADDRESS Brookline Mass

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR OR RACE White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years 8 Months 4 Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation: --
(Kind of work done during most of working life)

14 Industry or Business: --

15 Social Security No. --

16 BIRTHPLACE (City) Winthrop Mass
(State or country)

PARENTS

17 NAME OF FATHER Myron N King

18 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)

19 MAIDEN NAME OF MOTHER Ray Gerte

20 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country) Father

21 Informant.....
(Address)

A TRUE COPY

ATTEST: .....
(Registrar of City or Town where death occurred)

DATE FILED Feb 21 19 55

RECEIVED
TOWN OF WINTHROP
APR-8 AM

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 2224 49

1 PLACE OF DEATH

Suffolk (County)

Boston (City or Town)

No. U S P H S. Hospt 77 Warren St Boston St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas E Evans Jr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 294 Revere St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 43 days. In place of residence 56 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 4/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from Jan/20, 19 55, to March 4, 19 55

I last saw him alive on March 4, 19 55, death is said to have occurred on the date stated above, at 7:40AM m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute peritonitis with pelvic abscess formation — INTERVAL BETWEEN ONSET AND DEATH 6 Weeks

ANTE CEDENT CAUSES Due To (b) .....

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS Acute pyelonephritis abscess formation — with 1 Week

Major findings Of operations: Pelvic abscess

Date of operation 2-4-55 Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) M O Lewis, M. D.
(Address) U S P H S Hospt Date 3-4 19 55

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)
DATE OF BURIAL March 7/55 19....

7 NAME OF FUNERAL DIRECTOR V A Reynolds
ADDRESS Winthrop Mass.

Received and filed MAR 16 1955 19....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Eleanor Grundy
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years 7 Months 21 Days — If under 24 hours ....Hours....Minutes

13 Usual Occupation: Master Mariner
(Kind of work done during most of working life)

14 Industry or Business: Merchant Marine

15 Social Security No. 059-16-2343

16 BIRTHPLACE (City) East Boston Mass.
(State or country)

PARENTS

17 NAME OF FATHER Thomas E Evans

18 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Frances Murray

20 BIRTHPLACE OF MOTHER (City) East Boston Mass.
(State or country)

21 Informant Medical Records
(Address) U S P H S Hospt

A TRUE COPY
ATTEST: Charles H. Inacke
(Registrar of City or Town where death occurred)

DATE FILED March 8/55 19....

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OFFICE OF TOWN CLERK
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50M-3-54-911667

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 50

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 33 Crest Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Patrick
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 33 Crest Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 7 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 4 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 1, 1954, to March 4, 1955
I last saw him alive on February 28, 1955; death is said to have occurred on the date stated above, at 3:30 p.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) arteriosclerosis. Hypostatic pneumonia.	About 15 yrs.
ANTECEDENT CAUSES Due To (b)	About 3 days
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Chronic Cystitis	About 6 mos.

Major findings: Of operations None
Date of operation None Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gypsie W. Nicharsson M. D.
(Address) Winthrop, Mass Date March 5, 1955

6 Place of Burial or Cremation Puritan Lawn Memorial Park, Peabody (City or Town)
DATE OF BURIAL March 7 1955

7 NAME OF FUNERAL DIRECTOR Victor A. Reynolds
ADDRESS 180 Winthrop St.

Received and filed MAR 4 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of Susan A. Applin
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 1 Months 7 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Agent
(Kind of work done during most of working life)

14 Industry or Business: Life Insurance

15 Social Security No. 031-10-3297

16 BIRTHPLACE (City) Windsor
(State or country) Vermont

PARENTS
17 NAME OF FATHER Norman W. Patrick
18 BIRTHPLACE OF FATHER (City) Hartland
(State or country) Vermont
19 MAIDEN NAME OF MOTHER Sarah Purdy
20 BIRTHPLACE OF MOTHER (City) Unable to Obtain
(State or country) Vermont

21 Informant Norma Patrick
(Address) 33 Crest Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/7/55
(Official Designation) (Date of Issue of Permit)

V.13K

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

TOWN OF MILTON REPORTS 1946

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 51

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Angus Relman Lohnes
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 15 Crystal Cove Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 7 days. In place of residence 14 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 9 (Month) (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 2, 1955, to March 9, 1955
I last saw him alive on March 9, 1955, death is said to have occurred on the date stated above, at 7 P.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion	24 hrs
ANTECEDENT CAUSES (b) Due To arteriosclerotic heart disease	yrs
(c) Due To Hypertension essential	yrs
OTHER SIGNIFICANT CONDITIONS Penetrating duodenal ulcer	1 week

Major findings:
Of operations
Date of operation Was autopsy performed? no
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph Gregorio, M. D.
(Address) 791 Washington St. Date 3-11 1955

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 12, 1955

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed March 14, 1955
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Josephine Norton
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 6 Months 28 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Retired Yacht Captain
(Kind of work done during most of working life)

14 Industry or Business: Private Yacht

15 Social Security No. 023-12-7488

16 BIRTHPLACE (City) Port Midway
(State or country) Nova Scotia

PARENTS

17 NAME OF FATHER Israel Lohnes

18 BIRTHPLACE OF FATHER (City) Port Midway
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Elizabeth Ann Gaskill

20 BIRTHPLACE OF MOTHER (City) Port Midway
(State or country) Nova Scotia

21 Informant Floyd Travis Lohnes
(Address) 15 Crystal Cove Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Gobers
(Signature of Agent of Board of Health or other)
Health Officer 3/12/55
(Official Designation) (Date of Issue of Permit)

50M (B)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemicals, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED
MAR 1 1 1946

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-303 A

N. B. —WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

MARGIN RESERVED FOR BINDING

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 52

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 42 Main St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel Mac. Lean
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) —

(a) Residence. No. 42 Main St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 50 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 11 — 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Arteriosclerotic Heart Disease:

General Arteriosclerosis
Senility

5 Accident, suicide, or homicide (specify) .....

Date and hour of injury ..... 19 .....

Where did Injury occur? .....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)

Manner of Injury Found dead on his own bed
(How did injury occur?)

Nature of Injury Mar - 11 - 1955

While at work? — Was autopsy performed? —

6 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Brickley, M. D.

(Address) Boston March 11 — 1955

7 Place of Burial, or Cremation. Holy Cross (City or Town) Malden Mass

DATE OF BURIAL March 14 19 55

8 NAME OF FUNERAL DIRECTOR Arthur T. O'Malley

ADDRESS Winthrop Mass

Received and filed March 14 19 .....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: Male

10 COLOR OR RACE: White

11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

11a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 70 Years ..... Months ..... Days. If under 24 hours ..... Hours ..... Minutes

14 Usual Occupation: Retired
(Kind of work done during most of working life)

15 Industry or Business: Carpenter

16 Social Security No. none

17 BIRTHPLACE (City) (State or country) Nova Scotia

PARENTS

18 NAME OF FATHER Hugh MacLean

19 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia

20 MAIDEN NAME OF MOTHER Catherine MacDonald

21 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

22 Informant Agnes MacLean
(Address) 42 Main St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Bakey
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/11/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

ORM R-301A

INSTRUCTIONS FOR ICAL CERTIFICATE

In giving USE OF DEATH

do not enter nore than one ause for each (a), (b) and (c)

This does not mean node of dying, such art failure, asthenia, t means the disease, mplications which d death.

Morbid conditions, y, giving rise to the cause (a) stating underlying cause

Conditions contrib- to the death but not d to the disease or tion causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 53

1 PLACE OF DEATH
Essex (County) Malden 3-24-55
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Stewart Murray
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 46 Lowell St. (Usual place of abode) St. Malden Mass. (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 7 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH (Month) 11 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from MAR. 4, 1955, to MARCH 11, 1955
I last saw h. E.R. alive on MAR. 11, 1955, death is said to have occurred on the date stated above, at 9:20 A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ACUTE BRONCHO-PNEUMONIA - RT.	3 DAYS.
ANTECEDENT CAUSES (b) Due To	
(c) Due To	
OTHER SIGNIFICANT CONDITIONS ARTERIOSCLEROTIC + HYPERTENSIVE HT. DISEASE	2 YRS

Major findings: Of operations NONE

Date of operation ..... Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL + LAB.

5 Was disease or injury in any way related to occupation of deceased? NO.
If so, specify
(Signed) Maurice Faucher Jr. M. D.
(Address) 562 SHIRLEY ST. WINTHROP Date MAR 11 1955

6 Calvary Gloucester
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 14 1955

7 NAME OF FUNERAL DIRECTOR James C. Grady
ADDRESS 71 Pleasant Gloucester

Received and filed March 14 1955 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Frank I. Murray (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years ~~Months~~ Days — If under 24 hours Hours Minutes

13 Usual Occupation: Mgr. (Kind of work done during most of working life)

14 Industry or Business: Retired Taxi Business

15 Social Security No.

16 BIRTHPLACE (City) Gloucester Mass. (State or country)

PARENTS

17 NAME OF FATHER John Stewart

18 BIRTHPLACE OF FATHER (City) Scotland (State or country)

19 MAIDEN NAME OF MOTHER Mary Murray

20 BIRTHPLACE OF MOTHER (City) (State or country)

21 Informant Mrs William Cooper
(Address) 134 Bartlett Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/14/55 (Date of Issue of Permit)

50M-5-52-907046

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

FORM R-302

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Lexington (City or town making return)

Registered No. 54

1 PLACE OF DEATH

Middlesex (County)

Lexington (City or Town)

No. 191 Lincoln Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Pavey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 94 Cottage Ave. St. Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 35 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 12 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from September 14, 1954, to March 12, 1955

I last saw him alive on March 10, 1955, death is said to have occurred on the date stated above, at 10:20P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES Due To (b) Generalized Arterio sclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation ..... Was autopsy performed?

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Harold J. Crumb, M. D.

(Address) Lexington, Ma ss. Date 3/14/ 1955

6 Woodlawn CREMATORY Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 15, 1955

7 NAME OF FUNERAL DIRECTOR Howard Reynolds

ADDRESS Winthrop, Mass.

Received and filed MAR 28 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of Charlotte Benson
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 0 Months 16 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Carpenter
(Kind of work done during most of working life)

14 Industry or Business: Building

15 Social Security No.

16 BIRTHPLACE (City) Bristol (State or country) England

PARENTS

17 NAME OF FATHER Jeremiah Pavey

18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country) England

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) England

21 Informant Elizabeth Cooper
(Address) 191 Lincoln St. Lexington

A TRUE COPY

ATTEST: James F. Carroll
(Registrar of City or Town where death occurred)

DATE FILED March 14, 1955 19

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

MAR 28 AM

V11

RM R-301

NSTRUCTIONS FOR CAL CERTIFICATE

In giving SE OF DEATH

o not enter ore than one use for each a), (b) and (c)

his does not mean ode of dying, such t failure, asthenia, means the disease, nplications which death.

orbid conditions, giving rise to the cause (a) stating nderlying cause

onditions contrib- o the death but not to the disease or on causing death.

50M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Revised 3-21-55

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Convalescent Home Pleasant St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or Town making this return)

Registered No. 55

2 FULL NAME ALBERT K. BISHOP (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 15 Avon St. St. Revere (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 9 months ..... days. In place of residence 45 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 13 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11. 10, 1952, to 3.13, 1955

I last saw him alive on 3.13, 1955, death is said to have occurred on the date stated above, at 12 m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Due To (b) Arteriosclerotic Heart Disease — 3 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation ..... Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur H. Walker M. D.
(Address) 13 Belmont Ave Date 3.14. 1955

6 Puritan Lawn Peabody
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 15, 1955 19

7 NAME OF FUNERAL DIRECTOR Leslie W. Pike
ADDRESS 305 Beach St. Revere

Received and filed MAR 15 1955 19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced, HUSBAND of Edith S. Pitter (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 7 Months 3 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Carpenter (Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) ..... (State or country) Scotland

PARENTS

17 NAME OF FATHER Albert K. Bishop

18 BIRTHPLACE OF FATHER (City) ..... (State or country) Unknown

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) ..... (State or country) Unknown

21 Informant Ada Rowlands
(Address) 79 Chitin Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Bakes M.D.
(Signature of Agent of Board of Health or other)

Health Officer — 3/15/55
(Official Designation) (Date of Issue of Permit)

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

MAR 1 1 1946

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301A

NSTRUCTIONS FOR CAL CERTIFICATE

In giving SE OF DEATH

o not enter ore than one use for each a), (b) and (c)

This does not mean ode of dying, such rt failure, asthenia, means the disease, mplications which death.

Forbid conditions, giving rise to the cause (a) stating underlying cause

Conditions contrib- to the death but not to the disease or ion causing death.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 56

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella May Mc Kenzie
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 19 Sargent Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 1 days. In place of residence 45 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 13, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 6, 1952, to MARCH 13, 1955

I last saw her alive on MARCH 13, 1955, death is said to have occurred on the date stated above, at 9:10 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CEREBRAL HEMORRHAGE with Rt. HEMIPLEGIA	2 DAYS
ANTECEDENT CAUSES Due To (b) ARTERIOSCLEROTIC HEART DISEASE	3 YRS
Due To (c) GENERALIZED ARTERIOSCLEROSIS	10 YRS.
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations NONE

Date of operation ..... Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL + LABORATORY

5 Was disease or injury in any way related to occupation of deceased? NO.

If so, specify .....

(Signed) Maurice Tranquilin Jr. M. D.

(Address) 562 SHIRLEY St. Winthrop MAR. 13, 1955

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 15, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAR 15 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female

9 COLOR OR RACE white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Louis Cavenne McKenzie
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 2 Months 16 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: ~~retired~~ housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. .....

16 BIRTHPLACE (City) .....
(State or country) Nova Scotia

PARENTS

17 NAME OF FATHER James Benjamin

18 BIRTHPLACE OF FATHER (City) .....
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Annie McLeod

20 BIRTHPLACE OF MOTHER (City) Alfred B. Marsh
(State or country) Nova Scotia

21 Informant Richard D. Wilson
(Address) 19 Sargent St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer 3/17/55
(Official Designation) (Date of Issue of Permit)

50M (8)-1-51 902586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

FORM R-303 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of Information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 57

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mount Home Convalescent St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary J. Winter (Miller)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 104 Highland Ave St. Winthrop.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years 6 months 7 days. In place of residence 45 years ....months ....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March — 14 — 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Arterio Sclerotic Heart Disease: Senility
Recent left Collar Fracture

5 Accident, suicide, or homicide (specify)
Date and hour of injury Feb-28 — 19 55
Where did Injury occur? Winthrop.
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury Feb-28 Fell from bed
(How did injury occur?)
Nature of Injury accidentally at Winthrop
While at work? — Was autopsy performed? —

6 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Boston Mar-14 1955

7 Place of Burial, or Cremation. Holy Cross Malden Mass (City or Town)
DATE OF BURIAL March 17 19 55

8 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley
ADDRESS Winthrop Mass.

Received and filed MAR 15 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX	10 COLOR OR RACE	11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Female	White	Widowed

11a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Arthur Winter
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 73 Years ....Months ....Days | If under 24 hours ....Hours ....Minutes

14 Usual Occupation: Housewife
(Kind of work done during most of working life)

15 Industry or Business: Own Home

16 Social Security No.

17 BIRTHPLACE (City) (State or country) Ireland

PARENTS
18 NAME OF FATHER John Miller
19 BIRTHPLACE OF FATHER (City) (State or country) Ireland
20 MAIDEN NAME OF MOTHER Jane Maloney
21 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

22 Informant Gertrude Bowker
(Address) 5926 Balfour Rd Detroit Michigan

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/15/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

Vol

FORM R-302

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 27938

1 PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)

No. Mass. Memorial Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Harden
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 142 Winthrop St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 3 days. In place of residence 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 17/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 15, 1955 to March 17, 1955

I last saw him alive on March 17, 1955 death is said to have occurred on the date stated above, at 11:43A m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Broncho pneumonia	2 Days
ANTE CEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Carcinoma of rectum with metastases	6 Mos.

Major findings:
Of operations
Date of operation Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Paul Solomon
(Address) 750 Harrison Ave. Date 3-17 M. D. 19 55

6 Winthrop Cem-Winthrop Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 19/55 19

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed MAR 28 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Grace M Carlton
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 5 Months 20 Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Manager Store
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 029-10-5949

16 BIRTHPLACE (City) Phillips Maine
(State or country)

PARENTS

17 NAME OF FATHER Rand Harden

18 BIRTHPLACE OF FATHER (City) Phillips Maine
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Whittmore

20 BIRTHPLACE OF MOTHER (City) Madrid Maine
(State or country)

21 Informant
(Address)

A TRUE COPY
ATTEST: Charles H. Mack
(Registrar of City or Town where death occurred)

DATE FILED March 22/55 19

M.S.

RBV

RECEIVED

MAR 28 AM

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

In giving E OF DEATH

not enter re than one se for each), (b) and (c)

is does not mean de of dying, such failure, asthenia, means the disease, plications which death.

rbid conditions, giving rise to the ause (a) stating derlying cause

nditions contrib- the death but not to the disease or n causing death.

e:- Chapter 137, of 1954, requires cians to print or he cause or causes eath on death icates.

50M-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 59

1 PLACE OF DEATH (County) .....
(City or Town) Winthrop
No. 147 Shirley St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ramon Resnick
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 147 Shirley St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 4 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 17 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July, 1954, to March 17, 1955
I last saw him alive on March 17, 1955 death is said to have occurred on the date stated above, at 3:30 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Melanocarcinoma	8 mos.
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations Melanocarcinoma
Date of operation July 1954 Was autopsy performed? No
What test confirmed diagnosis? Pathological Exam.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Charles Lieberman M. D.
(Address) Winthrop, Mass. Date 3/17/ 1955

6 Place of Burial or Cremation Mt. Lebanon American Freindship (City or Town)
DATE OF BURIAL West Rox. MARCH 18 1955

7 NAME OF FUNERAL DIRECTOR B. Schlomberg & Sons
ADDRESS 1257 Blue Hill Ave. Mattapan

Received and filed MAR 21 1955 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX m
9 COLOR OR RACE W
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Myrna Cohen
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 24 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Machinist
(Kind of work done during most of working life)

14 Industry or Business: Machine Shop

15 Social Security No. 025-22-1170

16 BIRTHPLACE (City) Boston
(State or country) MASS.

PARENTS

17 NAME OF FATHER Isadore Resnick

18 BIRTHPLACE OF FATHER (City) .....
(State or country) Russia

19 MAIDEN NAME OF MOTHER Jennie E. Wiseman

20 BIRTHPLACE OF MOTHER (City) .....
(State or country) Russia

21 Informant Isadore Resnick
(Address) 147 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 3/18/55
(Official Designation) (Date of Issue of Permit)

V.R. 1

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

FORM R-303 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-1-52-906135

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 60

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 39 ~~Grovers Ave~~ MAYFLOWER NURSING HOME St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine Young (Ryan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NONE

(a) Residence. No. 39 Grovers Ave Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years 2 months 11 days. In place of residence ..years ..months ..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar - 17 - 1953
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Aneurism Ruptured Aortic Aneurism
Internal Hemorrhage
Recent Lobar Pneumonia

5 Accident, suicide, or homicide (specify)
Date and hour of injury ..19..
Where did Injury occur? (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury Fell accidentally at her bed (How did injury occur?)
Nature of Injury in Winthrop Mar - 17 - 1953
While at work? ..Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John J. Buckley M. D.
(Address) Boston Mar - 17 - 1953

7 GLENWOOD EVERETT
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL MARCH 19 1953

8 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS EAST BOSTON

Received and filed MAR 22 19.. 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female
10 COLOR OR RACE WHITE
11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) WIDOWED

11a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of IRVING W YOUNG
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 76 Years ..Months ..Days
If under 24 hours ..Hours ..Minutes

14 Usual Occupation: AT HOME
(Kind of work done during most of working life)

15 Industry or Business: At home

16 Social Security No. NONE

17 BIRTHPLACE (City) NEW YORK CITY
(State or country) N.Y.

PARENTS
18 NAME OF FATHER NOT KNOWN RYAN
19 BIRTHPLACE OF FATHER (City) NEW YORK CITY
(State or country) N. Y
20 MAIDEN NAME OF MOTHER CATHERINE NOT KNOWN
21 BIRTHPLACE OF MOTHER (City) NEW YORK CITY
(State or country) N. Y.

22 Informant FLORENCE SURETTE
(Address) 9 LAUREL ST LYNN

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. .....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

ORM R-301A

INSTRUCTIONS FOR ICAL CERTIFICATE

In giving USE OF DEATH

do not enter nore than one ause for each (a), (b) and (c)

This does not mean node of dying, such art failure, asthenia. It means the disease, omplications which d death.

Morbid conditions, v, giving rise to the cause (a) stating underlying cause

Conditions contrib- to the death but not d to the disease or tion causing death.

50m-(b)-11-49-990,560

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 61

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mount's ~~Rest~~ Home Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna E. Johnstone (Tierney)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 43 Franklin St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 4 months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH (Month) 20 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1954, to March 20, 1955
I last saw her alive on 3-20, 1955 death is said to have occurred on the date stated above, at 12:50 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congestive heart failure	2½ yrs
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS fracture of right hip since July 1954	

Major findings:
Of operations —
med. examiner waived jurisdiction
Date of operation Was autopsy performed? No
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. B. Greenfield M. D.
(Address) 497 Shirley St Winthrop Date 3-20 1955

6 Calvary Mass Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 23, 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley
ADDRESS Winthrop Mass

MAR 21 1955

Received and filed 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of George V. Johnstone
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
17 NAME OF FATHER Matthew Tierney
18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
19 MAIDEN NAME OF MOTHER Catherine Keough
20 BIRTHPLACE OF MOTHER (City)
(State or country) Prince Edward Island

21 Informant Raymond Flannery Cousin
(Address) Wadsworth Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 3/21/55

151

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4. Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301A

NSTRUCTIONS FOR CAL CERTIFICATE

In giving SE OF DEATH

o not enter ore than one use for each a), (b) and (c)

his does not mean ode of dying, such t failure, asthenia, means the disease, nplications which death.

orbid conditions, giving rise to the cause (a) stating nderlying cause

onditions contrib- o the death but not to the disease or on causing death.

50M-10-52-908091

X

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 62 2600

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. ~~39 Grove St.~~ Mayflower Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth J. Cusick (Gormley)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 9 Arlington St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In place of death ..years..months 4 days. In place of residence 75 years..months..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH (Month) 21 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from DEC. 7, 1953, to MARCH 21, 1955

I last saw her alive on 3/21 1955, death is said to have occurred on the date stated above, at 11:30 p.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CORONARY THROMBOSIS	2 yrs.
ANTECEDENT CAUSES Due To (b) ARTERIOSCLEROSIS	"
Due To (c)	
OTHER SIGNIFICANT CONDITIONS ARTHRITIS	2 yrs

Major findings:
Of operations
Date of operation ..... Was autopsy performed? ..
What test confirmed diagnosis? EXAMINATION

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) B. Lerrich, M. D.
(Address) 96 So. Common Date 3/22 1955

6 St. Josephs Lynn
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 24 1955

7 NAME OF FUNERAL DIRECTOR Garrett J. Walls
ADDRESS 103 Johnson St. Lynn

Received and filed MAR 23 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR OR RACE White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of James J. Cusick
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years 6 Months 5 Days | If under 24 hours ..Hours ..Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Prince Ed. Is. Canada

PARENTS

17 NAME OF FATHER William Gormley

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER unable to learn

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Francis Cusick
(Address) 9 Arlington St. Lynn

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
3/22/55
(Date of Issue of Permit)

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MAR 23

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

ORM R-303 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 63

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James T. Healey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 136 Somerset Ave Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 20 minutes years months days. In place of residence 13 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March - 21 - 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Right & left Coronary Sclerosis
left Coronary Occlusion
Right & left Coronary Sclerosis

5 Accident, suicide, or homicide (specify)
Date and hour of injury 19
Where did Injury occur? (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury Collapsed & died quickly (How did injury occur?)
Nature of Injury
While at work? Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Thos J. Buckley, M. D.
(Address) Boston March 21 1955

7 Puritan Lawn Cemetery, Peabody, Mass.
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL March 24, 1955 19

8 NAME OF FUNERAL DIRECTOR Alfred G. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAR 23 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male
10 COLOR OR RACE White
11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced
HUSBAND of Helen Frances Chrisholm
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 42 Years 2 Months 13 Days | If under 24 hours Hours Minutes

14 Usual Occupation: Fire Fighter
(Kind of work done during most of working life)

15 Industry or Business: Winthrop Fire Department

16 Social Security No. 023-09-4275

17 BIRTHPLACE (City) Pawtucket
(State or country) Rhode Island

PARENTS

18 NAME OF FATHER Thomas Joseph Healey

19 BIRTHPLACE OF FATHER (City) Pawtucket
(State or country) Rhode Island

20 MAIDEN NAME OF MOTHER Margaret Wood

21 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Massachusetts

22 Informant Mrs. James T. Healey
(Address) 136 Somerset Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/22/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

ORM R-301

ISTRUCTIONS FOR AL CERTIFICATE

In giving SE OF DEATH

o not enter ore than one use for each a), (b) and (c)

his does not mean de of dying, such failure, asthenia, means the disease, plications which death.

Morbid conditions, giving rise to the cause (a) stating nderlying cause

onditions contrib- the death but not to the disease or n causing death.

50M-(A)-11-51-905807

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registered No. 64

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 73 Chester Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isabella Greer (If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 73 Chester Avenue St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 11 years 6 months days. In place of residence 11 years 6 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 26 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1953, to MARCH 26, 1955

I last saw her alive on MARCH 25, 1955, death is said to have occurred on the date stated above, at 6:45 A.m.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	GENERALIZED CARCINOMATOSIS	8 MOS
ANTECEDENT CAUSES Due To (b)	CARCINOMA OF LT. BREAST	2 YRS
Due To (c)		
OTHER SIGNIFICANT CONDITIONS	GENERALIZED ARTERIOSCLEROSIS	5 YRS

Major findings: Of operations
Date of operation HOME Was autopsy performed? NO
What test confirmed diagnosis? CLINICAL + LAB.

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) M. Travaglini M. D.
(Address) 162 Shirley St. Winthrop Date MAR 26 1955

6 Forest Hills Cemetery, Boston, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 28, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred L. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAR 28 1955 19
(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female
9 COLOR OR RACE white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) single

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years 11 Months 0 Days | If under 24 hours Hours Minutes

13 Usual Occupation: housework (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) East Boston (State or country) Mass.

PARENTS

17 NAME OF FATHER James Greer

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Isabella McMullen

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Mrs. John Maw Sr.
(Address) 73 Chester Avenue, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)
Asst C
(Official Designation) (Date of Issue of Permit) 3/28/55

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave to another other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

ORM R-301A

INSTRUCTIONS FOR ICAL CERTIFICATE

In giving USE OF DEATH

do not enter more than one ause for each (a), (b) and (c)

This does not mean mode of dying, such rt failure, asthenia. t means the disease, mplications which d death.

Morbid conditions, , giving rise to the cause (a) stating underlying cause

Conditions contrib- to the death but not d to the disease or ion causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 65

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Pasquale D'Avella
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 430 Medford St St. Malden
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months.....1.....days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar (Month) 29 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mar 28, 1955, to Mar 29, 1955

I last saw him alive on Mar 29, 1955, death is said to have occurred on the date stated above, at 1:15 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Mar 25/55

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation ..... Was autopsy performed? No

What test confirmed diagnosis Clinical

5 Was disease or injury in any way related to occupation of deceased No
If so, specify
(Signed) [illegible] M. D.
(Address) 1983 [illegible] Date Mar 28 1955

6 St Michaels Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 2 1955

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St East Boston

Received and filed ..... 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR OR RACE ~~Married~~ White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced. HUSBAND of Margaret Riccia
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years ..... Months ..... Days. If under 24 hours .. Hours .. Minutes

13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business: Merchants Wool East Boston

15 Social Security No. 011-01-3614

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER Vincent D'Avella

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Raffaela Brogna

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Margaret D'Avella
(Address) 430 Medford St Malden Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Fagan M.D.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/1/55 (Date of Issue of Permit)

50M-2-19-25666

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301A

NSTRUCTIONS FOR CAL CERTIFICATE

In giving SE OF DEATH

o not enter ore than one use for each a), (b) and (c)

his does not mean ode of dying, such rt failure, asthenia, means the disease, nplications which death.

orbid conditions, giving rise to the cause (a) stating nderlying cause

onditions contrib- o the death but not to the disease or on causing death.

ote:- Chapter 137, of 1954, requires icians to print or the cause or causes death on death ficates.

50M-3-54-911687

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 66

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. 383 SHIRLEY St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH KURLAND
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 383 SHIRLEY St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death — years 6 months — days. In place of residence — years 6 months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH (Month) 30 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 3/28/, 1955, to 3-30, 1955
I last saw him alive on 3-30-, 1955 death is said to have occurred on the date stated above, at 4:AM.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CORONARY THROMBOSIS	2 DAYS
ANTECEDENT CAUSES Due To (b) ARTERIOSCLEROSIS	2 DAYS
Due To (c)	20 YRS
OTHER SIGNIFICANT CONDITIONS DIABETES MELLITIS	10 YRS

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) A. N. Caplan, M. D.
(Address) 186 PRINCETON ST Date 3-30-1955

6 TIFERETH ISRAEL EVERETT
Place of Burial or Cremation (City or Town)
DATE OF BURIAL MARCH 30 1955

7 NAME OF FUNERAL DIRECTOR AARON GOLOV
ADDRESS 1668 BEACON ST. BROOKLINE

Received and filed MAR 30 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE
9 COLOR OR RACE WHITE
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) MARRIED

10a If married, widowed, or divorced
HUSBAND of FANNIE LIBBER
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: JUNK DEALER
(Kind of work done during most of working life)

14 Industry or Business: RETIRED

15 Social Security No. NONE

16 BIRTHPLACE (City) (State or country) RUSSIA

PARENTS
17 NAME OF FATHER SAMUEL KURLAND
18 BIRTHPLACE OF FATHER (City) (State or country) RUSSIA
19 MAIDEN NAME OF MOTHER MALKA WALDMAN
20 BIRTHPLACE OF MOTHER (City) (State or country) RUSSIA

21 Informant EDWARD I. KURLAND
(Address) 30 MERMAID AVE WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 3/30/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED
MAR 30 1946

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

ORM R-301A

INSTRUCTIONS FOR ICAL CERTIFICATE

In giving USE OF DEATH

do not enter nore than one ause for each (a), (b) and (c)

This does not mean node of dying, such art failure, asthenia. It means the disease, omplications which d death.

Morbid conditions, y, giving rise to the cause (a) stating underlying cause

Conditions contrib- to the death but not d to the disease or tion causing death.

50m-(b)-11-49-900,560

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 67

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Mount's Rest Home 104 Highland Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

convalescent

2 FULL NAME WILHELMINA (Meinhardt LEMAY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 63 CHESTER AVE. St. WINTHROP MASS
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months 5 days. In place of residence 26 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH (Month) 30 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from MAR. 29, 1955 to MAR 30 1955

I last saw her alive on MAR 30, 1955, death is said to have occurred on the date stated above, at 11:45 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CHRONIC MYOCARDITIS	1 YEAR
ANTECEDENT CAUSES Due To (b) ARTERIOSCLEROSIS GENERALIZED	10 YEARS
Due To (c) Cystitis - PYELITIS	5 DAYS
OTHER SIGNIFICANT CONDITIONS LEFT HEMIPLEGIA DIABETES MELLITIS	

Major findings:
Of operations ...

Date of operation ... Was autopsy performed? ...

What test confirmed diagnosis? ...

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify ...

(Signed) A. N. Caplan MD BOSTON M. D.

(Address) 186 PRINCETON ST. E. BOSTON Date 3-30-1955

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Apr. 2 1955 19...

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano

ADDRESS 147 Winthrop St Winthrop.

Received and filed APR 1 1955 19...

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

10a If married, widowed, or divorced
HUSBAND of ... (Give maiden name of wife in full)
(or) WIFE of John Le. May (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 2 Months 11 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: ~~At~~ OWN Home

15 Social Security No. ...

16 BIRTHPLACE (City) Phila (State or country) Penn

PARENTS

17 NAME OF FATHER Charles F Meinhardt

18 BIRTHPLACE OF FATHER (City) ... (State or country) Germany

19 MAIDEN NAME OF MOTHER Annie C Beattie

20 BIRTHPLACE OF MOTHER (City) ... (State or country) England

21 Informant George F Meinhardt
(Address) 95 Bay view Ave Winthro P

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4-1-55 (Date of Issue of Permit)

V.R. V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, oavy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other person shall bury a human body or the ashes thereof which have been imported into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

APR-1

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION . . . . . .

DATE OF ENTERING MILITARY SERVICE . . . . . .

DATE OF DISCHARGE . . . . . .

RANK, RATING . . . . . .

ORGANIZATION AND OUTFIT . . . . . .

SERVICE NUMBER . . . . . .

. . . . . .

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

In giving E OF DEATH

not enter re than one se for each), (b) and (c)

is does not mean de of dying, such failure, asthenia, means the disease, plications which death.

rbid conditions, giving rise to the ause (a) stating derlying cause

nditions contrib- the death but not to the disease or n causing death.

100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 68

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 22 North Ave., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adeline S. Wood
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 22 North Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 54 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 30 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 1 March, 1955, to 30 March, 1955
I last saw her alive on 29 March, 1955, death is said to have occurred on the date stated above, at 12:30 A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) cerebral hemorrhage	3 yrs
ANTE CEDENT CAUSES Due To (b) hypertension	30 yrs
Due To (c) generalized arteriosclerosis	30 yrs
OTHER SIGNIFICANT CONDITIONS —	—

Major findings: Of operations none
Date of operation — Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Date 30 March 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL April 1 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley
ADDRESS Winthrop Mass

Received and filed MAR 31 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Alexander Wood
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years .....Months.....Days If under 24 hours .....Hours .....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Tignish
(State or country) P. E. I.

PARENTS

17 NAME OF FATHER John E. McCullum

18 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Dalton

20 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country)

21 Informant Myrtle Kelly
(Address) 22 North Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
3/31/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

ORM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(c)-11-49-900.475

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 1901 69

1 PLACE OF DEATH

SUFFOLK
(County)

BOSTON
(City or Town)

No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Willett (or Willard)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 503 Pleasant St St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 9, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Spontaneous cerebral hemorrhage

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did Injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)

Manner of Injury .....
(How did injury occur?)

Nature of Injury .....

While at work? .....Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) R Ford M. D.

(Address) ..... Date 2/9 19 55

7 St Michael's Cem Boston
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Feb 24 19 55

8 NAME OF FUNERAL DIRECTOR J A Langone Jr

ADDRESS Boston Mass

Received and filed APR 14 1955 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX	10 COLOR OR RACE	11 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
Male	White	Single

11a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 62 Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

14 Usual Occupation: Busboy
(Kind of work done during most of working life)

15 Industry or Business: Restaurant

16 Social Security No. 005-18-2915

17 BIRTHPLACE (City) Fall River Mass
(State or country)

PARENTS

18 NAME OF FATHER --

19 BIRTHPLACE OF FATHER (City) --
(State or country)

20 MAIDEN NAME OF MOTHER --

21 BIRTHPLACE OF MOTHER (City) --
(State or country)

22 Informant George Chiampa
(Address)

A TRUE COPY.
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Mar 1 19 55

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.
MIN

APR 1 4 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S

(County) (City or town making return)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mitchellville
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Motel

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Winthrop 58X-3
STREET ADDRESS (If rural, give location) 169- Main Street

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) Valentine (Last) Rand
4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-2-1894
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retailer merchant
11. BIRTHPLACE (State or foreign country): Nova Scotia, Canada
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Lindsay Valentine Rand.
14. MOTHER'S MAIDEN NAME: Mary Linnie Barnaby.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Dorsey Grace Rand.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Acute congestive heart failure 4420X
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) M. OF INJURY
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-15-54

23. BURIAL, CREMATION, REMOVAL TO Transportation
DATE THEREOF Feb 15, 1953
NAME OF CEMETERY OR CREMATORY Winthrop
LOCATION (City, town, or county) (State) Massachusetts

DATE REC'D BY LOCAL REG. 2/15/53
REGISTRAR'S SIGNATURE Amanda L. Dewey
2-18-53 Mrs. Signe M. Gingrich
24. FUNERAL DIRECTOR J. Zaschi Son
ADDRESS Hyattsville Md

ADDRESS
Received and filed 19
(Registrar of City or Town where deceased resided)

ATTEST: (Registrar of City or Town where death occurred)
DATE FILED 19

3-7-55

FORM R-302

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK ink — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

Medical Examiner Declined Jurisdiction

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Registered No. 2092 71

PLACE OF DEATH

1 Suffolk (County) — Boston (City or Town)

Boston (City or town making return)

No. Peter Bent Brigham Hospt St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Israel Lefkowitz
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 52 Cutler St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.
2 Hrs.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb.28/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb.28, 1955, to Feb.28, 1955
I last saw him alive on Feb.28, 1955 death is said to have occurred on the date stated above, at 3:10A m.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	Rupture of aortic aneurysm into left pleural cavity	Term.
ANTECEDENT CAUSES Due To (b)	Generalized arterio sclerosis	3 Yrs
Due To (c)	Old anterior septal myocardial infarction	
OTHER SIGNIFICANT CONDITIONS		

Major findings:
Of operations.....
Date of operation..... Was autopsy performed? Yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) V. M. Cass M. D.
(Address) Peter Bent Brigham Hospt 19 2-28-55

6 Place of Burial or Cremation Beth Israel Everett Mass. (City or Town)
DATE OF BURIAL March 1/55 19.....

7 NAME OF FUNERAL DIRECTOR H J Torf
ADDRESS Chelsea Mass.

Received and filed APR 18 19.....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR OR RACE: W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Marcia Ziegler
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years.....Months.....Days. If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Poultryman
(Kind of work done during most of working life)

14 Industry or Business: Poultry

15 Social Security No. 021-09-0718

16 BIRTHPLACE (City) (State or country) Russia

PARENTS

17 NAME OF FATHER Aaron Lefkowitz

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER ——— ———

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) Marcia Lefkowitz

A TRUE COPY.
ATTEST: .....
(Registrar of City or Town where death occurred)

DATE FILED March 3/55 19.....

V.B.V

RECEIVED
APR 18

ORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Registered No. 228972

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); Beth Israel Hospt. (No. St. — If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston (City or town making return)

2 FULL NAME: Nathan Shore (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 31 Sturgis St (Usual place of abode) St. Winthrop Mass. (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 14 days. In place of residence 6 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: March 5/55 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1955, to March 5, 1955

I last saw him alive on March 5 1955, death is said to have occurred on the date stated above, at 1:07A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Pulmonary oedema — INTERVAL BETWEEN ONSET AND DEATH: 12 Hrs

ANTECEDENT CAUSES Due To (b): Metastatic osteogenic sarcoma — ? 6 Mos.

Due To (c):

OTHER SIGNIFICANT CONDITIONS:

Major findings: Of operations: Osteogenic sarcoma rt, femur

Date of operation: Oct. 1954 Was autopsy performed? Yes

What test confirmed diagnosis? Path. Xrays

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. D. Novack M. D.

(Address) Date 19

6 Cheyra Mishna Lynn Mass. Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 6/55 19

7 NAME OF FUNERAL DIRECTOR: H. J. Torf

ADDRESS: Chelsea Mass.

Received and filed APR 25 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR OR RACE: W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of: Jessie Ogus (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 51 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Executive (Kind of work done during most of working life)

14 Industry or Business: Burlap Bag

15 Social Security No. ——

16 BIRTHPLACE (City) (State or country): Russia

PARENTS

17 NAME OF FATHER: Harry Shore

18 BIRTHPLACE OF FATHER (City) (State or country): Russia

19 MAIDEN NAME OF MOTHER: Toby Ohlis

20 BIRTHPLACE OF MOTHER (City) (State or country): Russia

21 Informant (Address): Jack Shore

A TRUE COPY

ATTEST: [illegible] (Registrar of City or Town where death occurred)

DATE FILED March 8/55 19

V.B.V

RECEIVED
TOWN CLERK
WINTHROP, MASS.
APR 25 AM

ORM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(c)-11-49-900.475

4

BOSTON

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 2465 73

1 PLACE OF DEATH

(County) SUFFOLK BOSTON

(City or Town) .....

No. ..... St. enroute to E Boston Relief Sta (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Rosenthal
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so, specify WAR) .....

(a) Residence. No. 98 Locust St St. .....
(Usual place of abode)

(If nonresident, give city or town and State) Winthrop Mass

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar 9, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute cardiac failure
Chronic myocarditis

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did Injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)

Manner of Injury Collapsed and died en route
(How did injury occur?)

Nature of Injury to hospital

While at work? .....Was autopsy performed? .....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) W J Brickley M. D.

(Address) Boston Mass Date 3/9 19 55

7 Place of Burial, or Cremation. Sharon Mem Park Cem Sharon Mass
(City or Town)

DATE OF BURIAL Mar 10 19 55

8 NAME OF FUNERAL DIRECTOR E Birnbach

ADDRESS Boston Mass

Received and filed MAY 4 1955 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male | 10 COLOR OR RACE White | 11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

11a If married, widowed, or divorced HUSBAND of Dora Maybush
(Give maiden name of wife in full)

(or) WIFE of .....
(Husband's name in full)

12 IF STILLBORN, enter that fact here. No

13 AGE.....Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

14 Usual Occupation: Cattle Dealer
(Kind of work done during most of working life)

15 Industry or Business: Horse

16 Social Security No. 013-12-6772

17 BIRTHPLACE (City) (State or country) Russia

PARENTS

18 NAME OF FATHER Abraham Rosenthal

19 BIRTHPLACE OF FATHER (City) (State or country) Russia

20 MAIDEN NAME OF MOTHER Ida --

21 BIRTHPLACE OF MOTHER (City) (State or country) Russia

22 Informant Ida Slesinger
(Address)

A TRUE COPY.

ATTEST: .....
(Registrar of City or Town where death occurred)

DATE FILED Mar 14 19 55

X

RECEIVED
TOWN
WINTHROP
MAY -4

X Declined By Medical Examiner

FORM R-302

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Registered No. 2500 71

1 PLACE OF DEATH

Suffolk (County) — Boston (City or Town) — Boston (City or town making return)

No. Mass. General Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellis Floyd (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

V.R. 412

(a) Residence. No. 416 Shirley St St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 3 months days. In place of residence 83 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 10/55 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1955, to March 10, 1955

I last saw him alive on March 10/55 death is said to have occurred on the date stated above, at 12 Noon

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	Thrombotic occlusion of anterior descending coronary artery	24 Hrs
ANTECEDENT CAUSES Due To (b)	Coronary arteriosclerosis	10 Yrs
Due To (c)		
OTHER SIGNIFICANT CONDITIONS	Pyelonephritis, chronic bilateral	2 Yrs

Major findings: Of operations

Date of operation Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. L. Clay, M. D.

(Address) Mass. General Hospt Date 3-10 1955

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL March 14/55 19

7 NAME OF FUNERAL DIRECTOR Alfred B Marsh

ADDRESS Winthrop Mass.

MAY 1 1955

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR OR RACE: W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 7 Months 7 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Retired Fireman (Kind of work done during most of working life)

14 Industry or Business: Winthrop Fire Dept.

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Winthrop Mass.

PARENTS

17 NAME OF FATHER Daniel A Floyd

18 BIRTHPLACE OF FATHER (City) (State or country) Winthrop Mass.

19 MAIDEN NAME OF MOTHER Carrie Allen

20 BIRTHPLACE OF MOTHER (City) (State or country) Hillsborough N.H.

21 Informant (Address) Mr L Floyd

A TRUE COPY ATTEST: Charles H. Mackie (Registrar of City or Town where death occurred)

DATE FILED March 15/55 19

RECEIVED
TOWN
WINTHROP
MAY - 4

ORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Cambridge
(City or town making return)

Registered No. 455 75

1 PLACE OF DEATH

Middlesex
(County)

Cambridge
(City or Town)

No. Cambridge City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Shea
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 71 Saganore Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....15 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 30 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1955, to Mar. 30, 1955

I last saw him alive on Mar. 30, 1955, death is said to have occurred on the date stated above, at 5:20P m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chorioepithiliomas of testes with metastasis to lungs and brain

INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation ..... Was autopsy performed? Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward T. Downey, M. D.

(Address) 475 Com'lth Ave. Date 3/31 1955

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 4, 1955

7 NAME OF FUNERAL DIRECTOR Joseph P. Murphy

ADDRESS 322 Bunkerhill Charlestown

Received and filed MAY 4 1955

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Frances M. McCarthy
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 42 Years.....Months.....Days. If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Machinest
(Kind of work done during most of working life)

14 Industry or Business: Lamb-Ritchie-Lamb

15 Social Security No. 013-03-6183

16 BIRTHPLACE (City) Charlestown
(State or country)

PARENTS

17 NAME OF FATHER John Shea

18 BIRTHPLACE OF FATHER (City) Boston
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Salisbury

20 BIRTHPLACE OF MOTHER (City)
(State or country) England

21 Informant Frances Shea
(Address) 71 Saganore Ave., Winthrop

A TRUE COPY ATTEST: Frederick H. Burke
(Registrar of City or Town where death occurred)

DATE FILED April 4, 1955

RECEIVED
MAY -- 4

FORM R-303 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910821

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 76

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. En route to Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: William J. Wright (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR): None

(a) Residence. No. 38 Harvard St. (Usual place of abode) St. Everett Mass (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: April (Month) 2 (Day) 1955 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

CRUSH INJURY OF CHEST WITH RUPTURE OF HEART, LUNG AND LIVER

5 Accident, suicide, or homicide (specify): Accident

Date and hour of injury: April 2 1955

Where did Injury occur? Boston Mass (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? IN PARTIALLY CONSTRUCTED (Specify type of place)

Manner of Injury: TUNNEL BENEATH BOSTON HARBOR - CRUSHED BY MACHINE (How did injury occur?)

Nature of Injury:

While at work? yes Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased? yes

If so, specify:

(Signed) J. Michael Ofhongs, M. D.

(Address) 25 Shattuck St. Date 4/3 1955

7 Woodlawn Everett (City or Town)

Place of Burial, or Cremation.

DATE OF BURIAL April 6 1955

8 NAME OF FUNERAL DIRECTOR: Maguire

ADDRESS: 65 Shattuck Ave

Received and filed APR 5 1955 19..

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: Male

10 COLOR OR RACE: Colored

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

11a If married, widowed, or divorced HUSBAND of Matilda Saunders (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 30 Years Months Days — If under 24 hours Hours Minutes

14 Usual Occupation: Sand Hog (Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No.

17 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS

18 NAME OF FATHER: William Wright

19 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

20 MAIDEN NAME OF MOTHER: Lillian Spiggs

21 BIRTHPLACE OF MOTHER (City) Savannah (State or country) Ga

22 Informant: Mrs Matilda Wright Wife (Address) 38 Harvard St. Everett

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker Jr. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/15/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RM R-301A

ISTRUCTIONS FOR CAL CERTIFICATE

In giving SE OF DEATH

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orbid conditions, giving rise to the ause (a) stating nderlying cause

nditions contrib- the death but not to the disease or on causing death.

50m-(5)-11-49-900,560

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 77

1 PLACE OF DEATH
County: Suffolk
City or Town: Winthrop
No. 104 Highland Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number) Mount St Cornelius Sick Home

2 FULL NAME CORNELIUS MAHONEY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 81 Elm St St. Charlestown
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years 8 months 6 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL (Month) 3 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN, 1952, to APRIL 3, 1955

I last saw him alive on 4/1, 1955, death is said to have occurred on the date stated above, at 6 A.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ACUTE CORONARY OCCLUSION	6 days
ANTECEDENT CAUSES Due To (b) GENERAL ARTERIO-SCLEROSIS AND	
Due To (c) ARTERIO-SCLEROTIC HEART DISEASE	5 YRS.
OTHER SIGNIFICANT CONDITIONS PARKINSONIAN DISEASE	5 YRS

Major findings: Of operations NONE

Date of operation — Was autopsy performed? No.

What test confirmed diagnosis? CLINICAL.

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Myron H. King M. D.
(Address) 222 PLEASANT ST. WINTHROP 4/4 1955

6 Place of Burial or Cremation Holy Cross (City or Town) Malden
DATE OF BURIAL April 6 1955

7 NAME OF FUNERAL DIRECTOR Charles H. Treanor
ADDRESS East Boston

Received and filed APR 4 1955
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M.

9 COLOR OR RACE W.

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Annie E. Baker
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: Plumber
(Kind of work done during most of working life)

14 Industry or Business: Plumbing

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

17 NAME OF FATHER Cornelius Mahoney

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Margaret Mahar

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Anna Kelly
(Address) 12 Abbott Ave Everett

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer 4/4/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognized disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301

TRUCTIONS FOR . CERTIFICATE

n giving OF DEATH

not enter e than one e for each (b) and (c)

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rbid conditions, ving rise to the se (a) stating erlying cause

ditions contrib- ne death but not the disease or causing death.

50M-(A)-11-51-905807

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registered No. 78

1 PLACE OF DEATH: Winthrop (County); Suffolk (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie Mary Jenner (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 35 Shirley Street St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 6 days. In place of residence 55 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 8 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 1, 1955, to April 8, 1955 19..

I last saw her alive on April 8, 1955 death is said to have occurred on the date stated above, at 4.20 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Arteriosclerotic Heart Disease	2 Yrs
ANTECEDENT CAUSES Due To (b) Arteriosclerosis	5 Yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Gangrene Right Foot	4 days

Major findings: Of operations None

Date of operation -- Was autopsy performed? no

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John F. Cochrane M.D.

(Address) Revere Mass, Date April 8 1955

6 Winthrop Cemetery Winthrop, Mass. Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 11 1955 19..

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed APR 11 1955 19..

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female

9 COLOR OR RACE: white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of John Joseph Jenner (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 3 Months 2 Days. If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: housework (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Ireland

PARENTS

17 NAME OF FATHER Patrick Shea

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Ellen Burke

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Miss Catherine Jenner (Address) 35 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4/12/55

V.S.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

In giving SE OF DEATH

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his does not mean de of dying, such failure, asthenia, means the disease, plications which death.

orbid conditions, giving rise to the ause (a) stating nderlying cause

nditions contrib- the death but not to the disease or n causing death.

50m-(b)-11-49-900,560

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 79

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mount's Rest Home ~~104 Highland Ave~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Teresa Doherty
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 41 Bates Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 20 days. In place of residence 8 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 10, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 1, 1955 to ....., 1955
I last saw her alive on April 10, 1955, death is said to have occurred on the date stated above, at 6 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTE CEDENT CAUSES Due To (b) .....

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations None

Date of operation None Was autopsy performed? No

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) George F. Murray M. D.
(Address) Winthrop, Mass. Date April 12, 1955

6 Place of Burial or Cremation: Holy Cross (City or Town): Malden Mass
DATE OF BURIAL April 13 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley
ADDRESS Winthrop, Mass.

Received and filed APR 13 1955 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Edward Doherty
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. .....

16 BIRTHPLACE (City) (State or country) Ireland

PARENTS

17 NAME OF FATHER Michael Flynn

18 BIRTHPLACE OF FATHER (City) ..... (State or country) Ireland

19 MAIDEN NAME OF MOTHER Catherine Leahy

20 BIRTHPLACE OF MOTHER (City) ..... (State or country) Ireland

21 Informant Mae Marsh
(Address) 41 Bates Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Bakery
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 4/12/55

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authnrized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... .— General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
(Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

RM R-301A

STRUCTURES FOR AL CERTIFICATE

n giving E OF DEATH

not enter re than one se for each), (b) and (c)

is does not mean le of dying, such failure, asthenia, neans the disease, plications which death.

rbid conditions, giving rise to the ause (a) stating derlying cause

nditions contrib- the death but not to the disease or n causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 80

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 41 Court Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H Dealy Sr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 41 Court Rd. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 50 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 12 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb, 1950, to April 12, 1955

I last saw him alive on April 12, 1955, death is said to have occurred on the date stated above, at 2 P.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic Heart Disease	5 yrs
ANTECEDENT CAUSES Due To (b) Generalized Arteriosclerosis	15 yrs
Due To (c) —	
OTHER SIGNIFICANT CONDITIONS —	

Major findings: Of operations —

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Date April 14 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL April 15 1955

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS Winthrop

Received and filed APR 15 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male | 9 COLOR OR RACE White | 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of Ellen M. Moriarty
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years ..... Months ..... Days | If under 24 hours .... Hours .... Minutes

13 Usual Occupation: .....
(Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. .....

16 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER William H. Dealy

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Bond

20 BIRTHPLACE OF MOTHER (City) England
(State or country)

21 Informant Miss Marion Dealy
(Address) 41 Court Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Bakers
(Signature of Agent of Board of Health or other)
Health Officer 4/15/55
(Official Designation) (Date of Issue of Permit)

50M-2-49-25666

V. L

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4. Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M (E)-6-50-902253

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH

(County) (City or town making return)

(City or Town) Registered No. 81

No. New England San & Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Wechsler (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 40 Cliff Avenue St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years 1 months 14 days. In place of residence 20 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 15 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 3, 1955, to April 15, 1955

I last saw him alive on April 15, 1955, death is said to have occurred on the date stated above, at 4:31 P m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of Pancreas Metastases

INTERVAL BETWEEN ONSET AND DEATH: 7 Mos.

ANTE CEDENT CAUSES (b) Due To

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations Carcinoma of Pancreas

Date of operation 12/9/54 Was autopsy performed? No

What test confirmed diagnosis? Biopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Max J Klainer M. D.

(Address) Stoneham Date 4/15 1955

6 Ind. Workmen's Circle Cem. W. Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 17 1955

7 NAME OF FUNERAL DIRECTOR Henry Levine

ADDRESS 70 Harvard St. Brookline

Received and filed April 21, 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Lillian Cohen
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Manufacturer-Public Relations
(Kind of work done during most of working life)

14 Industry or Business: Rubber Goods

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

PARENTS

17 NAME OF FATHER Morris Wechsler

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Sarah White

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Lillian Wechsler
(Address) 40 Cliff Ave. Winthrop

A TRUE COPY
ATTEST: [illegible]
(Registrar of City or Town where death occurred)

DATE FILED April 18, 1955

1.10.V

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
MIN
APR 21 AM

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

n giving E OF DEATH

not enter re than one se for each , (b) and (c)

is does not mean e of dying, such failure, asthenia, eans the disease, plications which eath.

rbid conditions, iving rise to the use (a) stating derlying cause

ditions contrib- the death but not o the disease or causing death.

X

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. .....

1 PLACE OF DEATH: SUFFOLK (County) — Winthrop (City or Town)

No. 320 Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard F Quinlan (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) 82

(a) Residence. No. 320 Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 15 years ..... months ..... days. In place of residence 15 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 16 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... 19..., death is said to have occurred on the date stated above, at 9 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes	—
ANTECEDENT CAUSES Due To (b) Presumably Coronary Occlusion	—
Due To (c)	—
OTHER SIGNIFICANT CONDITIONS	—

Major findings: Of operations ..... —

Date of operation ..... — Was autopsy performed? no

What test confirmed diagnosis? ..... —

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Board of Health Date 19 April 1955

6 St. James Cemetery Whitman (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL April 20, 1955

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS 210 Winthrop ST Winthrop

Received and filed APR 20 1955 19...

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Clergyman (Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. .....

16 BIRTHPLACE (City) Abington (State or country) Mass

PARENTS

17 NAME OF FATHER James R Quinlan

18 BIRTHPLACE OF FATHER (City) No Abington (State or country) Mass

19 MAIDEN NAME OF MOTHER Mary Greaney

20 BIRTHPLACE OF MOTHER (City) Weymouth, (State or country) Mass

M. Kirby 5-16-55

21 Informant Miss Loretta Quinlan (Address) 324 Commercial ST Whitman

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/19/55 (Date of Issue of Permit)

V. L. L

50M-2-49-25666

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec.46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life, even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, whatever, designate the occupation by the appropriate terms, as housekeeper, private family, cook, hotel, etc. For a person who had no occupation whatever, write none.

APR 20 1 12 1 2 3 4 5 6 7 8 9 10 11 PM
RECEIVED
TOWN CLERK
SALEM, MASS.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 83

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mount's Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie R. (Sanderson) Harrington
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 16 Westland Ave., St. Boston Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 18 days. In place of residence 9 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL (Month) 19 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov., 1954, to APRIL 19, 1955
I last saw her alive on APRIL 19, 1955, death is said to have occurred on the date stated above, at 5:30 A.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CEREBRAL HEMMORHAGE	3 DAYS
ANTECEDENT CAUSES Due To (b) ARTERIOSCLEROSIS	15 YRS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS NONE	

Major findings: Of operations NONE
Date of operation ..... Was autopsy performed? No.
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Liberman M. D.
(Address) WINTHROP, MASS Date 4/20/ 1955

6 Forest Dale Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 21, 1955 19

7 NAME OF FUNERAL DIRECTOR B.H.Wentworth
ADDRESS 37 Maple St. Malden

Received and filed APR 20 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of William G. Harrington (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 5 Months 27 Days | If under 24 hours .... Hours .... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Charlestown (State or country) Mass

PARENTS
17 NAME OF FATHER George Sanderson
18 BIRTHPLACE OF FATHER (City) London (State or country) England
19 MAIDEN NAME OF MOTHER Rachael Lohner
20 BIRTHPLACE OF MOTHER (City) Can not be learned (State or country) Nova Scotia

21 Informant William L. Harrington
(Address) 70 Quincy Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
H.O
(Official Designation) (Date of Issue of Permit) 4/20/55

50M-10-52-908091

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

RECEIVED APR 20 PM

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

in giving E OF DEATH

not enter re than one se for each), (b) and (c)

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rbid conditions, giving rise to the ause (a) stating derlying cause

nditions contrib- the death but not to the disease or n causing death.

X

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 84

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. 156 LOCUST ST St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME NORA A BLAKE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NONE

(a) Residence. No. 156 LOCUST ST St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years.....months.....days. In place of residence .....years.....months .....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL (Month) 20 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN, 1953, to APRIL, 1955
I last saw h[illegible] alive on APRIL 20, 1955 death is said to have occurred on the date stated above, at 12:30 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CORONARY THROMBOSIS	1 DAY
ANTECEDENT CAUSES (b) Due To HYPERTENSIVE AND CORONARY ARTERY HEART DISEASE	5 YRS
(c) Due To	
OTHER SIGNIFICANT CONDITIONS PERNICIOUS ANEMIA	8 YRS

Major findings: Of operations NONE
Date of operation..... Was autopsy performed? no
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Columbus Lieberman M. D.
(Address) WINTHROP MASS Date 4/20 1955

6 HOLY CROSS MALDEN
Place of Burial or Cremation (City or Town)
DATE OF BURIAL APRIL 23 1955

7 NAME OF FUNERAL DIRECTOR Frederick J Magnath
ADDRESS East Boston

Received and filed.....19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE
9 COLOR OR RACE WHITE
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) WIDOWED

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of WILLIAM
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years ..... Months ..... Days | If under 24 hours ..... Hours..... Minutes

13 Usual Occupation: CLEANER
(Kind of work done during most of working life)

14 Industry or Business BOSTON GRAIN & FLOUR EXCHANGE

15 Social Security No.....

16 BIRTHPLACE (City) ST JOHNS
(State or country) N.F.

PARENTS
17 NAME OF FATHER JOHN MURPHY
18 BIRTHPLACE OF FATHER (City) ST JOHNS
(State or country) N. F.
19 MAIDEN NAME OF MOTHER NORA WHALEN
20 BIRTHPLACE OF MOTHER (City) ST JOHNS
(State or country) N. F.

21 Informant JOHN P. BLAKE
(Address) 156 LOCUST ST.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Kaper
(Signature of Agent of Board of Health or other)
H. O. April 21/55
(Official Designation) (Date of Issue of Permit)

50M-5-52-907045

M.S.

V.V.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

n giving E OF DEATH

not enter re than one se for each), (b) and (c)

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nditions contrib- the death but not o the disease or n causing death.

Boston 4-29-55

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 85

1 PLACE OF DEATH (County) Suffolk
(City or Town) Winthrop
No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice C. Bengtson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 7 Central Square St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death.....years.....months...15...days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL (Month) 21 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 7, 1955, to April 21, 1955
I last saw her alive on April 22, 1955 death is said to have occurred on the date stated above, at 8.20 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cancer of Uterus.	2 months
ANTECEDENT CAUSES Due To (b) Cancer of Bowels	same
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Malnutrition.	2 weeks

Major findings: Of operations Cancer of Uterus + bowels.
Date of operation March 1955 Was autopsy performed? No.
What test confirmed diagnosis? Physical finding.

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....
(Signed) M. M. Kraft M. D.
(Address) 37 Brookline Blvd Boston Date April 22 1955

6 Interment Place of Burial or Cremation Salem (City or Town)
DATE OF BURIAL April 25 1955

7 NAME OF FUNERAL DIRECTOR Frederick J Magrath
ADDRESS East Boston

Received and filed APR 22 1955 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female | 9 COLOR OR RACE White | 10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of Irving Bengtson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 39 Years .....Months .....Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation: General Work
(Kind of work done during most of working life)

14 Industry or Business Malden Steam Laundry

15 Social Security No. Cannot be Learned

16 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Olaf Mathisen

18 BIRTHPLACE OF FATHER (City).....
(State or country) Norway

19 MAIDEN NAME OF MOTHER Mary Scanlan

20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass

21 Informant Irving Bengtson
(Address) 7 Central Sq E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Nathan E. Baker
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation) (Date of Issue of Permit) 4/22/55

50M-5-52-907046

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

APR 22
RECEIVED
TOWN CLERK
ABINGTON, MASS.

M R-301A

RUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one e for each (b) and (c)

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oid conditions. ving rise to the se (a) stating erlying cause

itions contrib- e death but not the disease or causing death.

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50M-3-54-911667

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 86

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 112 Terrace Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nettie (Grant) Burton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 112 Terrace Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 5 years ... months ... days. In place of residence 5 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 21 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h. alive on ..., 19..., death is said to have occurred on the date stated above, at 11:15 A.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes

ANTECEDENT CAUSES Due To (b) Presumably Coronary Occlusion

Due To (c) Generalized Arterio-Sclerosis

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation ... Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Board of Health (Date) 22 April 1955

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 23 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS 180 Winthrop St.

Received and filed APR 22 1955 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of ... (Give maiden name of wife in full)
(or) WIFE of Thomas Burton (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years 1 Months 27 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Fishers Grant (State or country) Nova Scotia

PARENTS

17 NAME OF FATHER William Grant

18 BIRTHPLACE OF FATHER (City) Fishers Grant (State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) Nova Scotia

21 Informant Charlotte B. Hall
(Address) 112 Terrace Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. G. Baker
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) 4/22/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

APR 22 PM
RECEIVED
TOWN CLERK WINTHROP, MASS.

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one e for each (b) and (c)

does not mean of dying, such ailure, asthenia, ans the disease, lications which ath.

bid conditions, ving rise to the se (a) stating erlying cause

litions contrib- he death but not the disease or causing death.

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50M-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 87

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anthony Leo Vogel (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 185 Woodside Ave St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months 3 days. In place of residence 45 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 23 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept., 1952, to April 23, 1955

I last saw him alive on April 23, 1955, death is said to have occurred on the date stated above, at 2:30 P.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis (recurrent) — 3 days

ANTECEDENT CAUSES Due To (b) Cerebral Arteriosclerosis — years

Due To (c) Generalized Arteriosclerosis — years

OTHER SIGNIFICANT CONDITIONS —

Major findings: Of operations —

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur E. Murray M. D.

(Address) Winthrop, Mass Date 25 April 1955

6 St. Joseph's Cemetery, Boston — Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 26 1955

7 NAME OF FUNERAL DIRECTOR Howard J. Reynolds

ADDRESS 180 Winthrop St.

Received and filed APR 26 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

10a If married, widowed, or divorced HUSBAND of Sarah E. Holland (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 0 Months 29 Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Stereotyper (Kind of work done during most of working life)

14 Industry or Business: News Paper

15 Social Security No. 011-14-2179

16 BIRTHPLACE (City) South Boston (State or country) Mass.

PARENTS

17 NAME OF FATHER William Vogel

18 BIRTHPLACE OF FATHER (City) Bavaria (State or country) Germany

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Bavaria (State or country) Germany

21 Informant Mr Francis H. Vogel (Address) 185 Woodside Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Bakers (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/25/55 (Date of Issue of Permit)

V.13.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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RULES OF PRACTICE

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

TRUCTIONS FOR L CERTIFICATE

a giving OF DEATH

not enter e than one e for each (b) and (c)

s does not mean e of dying, such ailure, asthenia, eans the disease, lications which eath.

bid conditions, iving rise to the use (a) stating erlying cause

ditions contrib- he death but not the disease or causing death.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 88

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 16 Pearl Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: John E Kelly (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR): None

(a) Residence. No. 16 Pearl Ave St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: April (Month) 28 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from —, 19 —, to —, 19 —

I last saw h — alive on —, 19 —, death is said to have occurred on the date stated above, at 5:40 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES Due To (b) Presumably Coronary Occlusion — I

Due To (c) Generalized Arteriosclerosis — —

OTHER SIGNIFICANT CONDITIONS —

Major findings: — Of operations

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murgyn M.D. M. D.
(Address) Winthrop Board of Health Date 29 April 1955

6 Place of Burial or Cremation: Holy Cross (City or Town) Malden
DATE OF BURIAL May 2 1955

7 NAME OF FUNERAL DIRECTOR Frederick J Magrath
ADDRESS East Boston

Received and filed APR 29 1955 19 ..... (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male | 9 COLOR OR RACE: White | 10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of Annie J. McCormick (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Cooper (Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. CANNOT BE Learned

16 BIRTHPLACE (City) St. John (State or country) New Brunswick

PARENTS

17 NAME OF FATHER Edward Kelly

18 BIRTHPLACE OF FATHER (City) ..... (State or country) Ireland

19 MAIDEN NAME OF MOTHER MARY BURKE

20 BIRTHPLACE OF MOTHER (City) ..... (State or country) Ireland

21 Informant Anita Fountaine
(Address) 16 Pearl Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/29/55 (Date of Issue of Permit)

50M (B)1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body or remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED
APR 29

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH

Suffolk (County)

Boston (City or Town)

No. New England Deaconess Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston (City or town making return)

Registered No. 89 271

2 FULL NAME George O Lloyd
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 9 Albert Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 21 days. In place of residence 32 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 15/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1955, to March 15 1955

I last saw him alive on March 15/55, 19..., death is said to have occurred on the date stated above, at 12;10A m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary embolus	4 Hrs
ANTECEDENT CAUSES Due To (b) Pulmonary atelectasis	4 Days
Due To (c) Duodenal ulcer	5 Mos.
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations Duodenal ulcer penetrating pancreas

Date of operation March 7/55 Was autopsy performed? Yes

What test confirmed diagnosis? autopsy;xray

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R C Kerr, M. D.
(Address) Brookline Mass Date 3-15 19 55

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL March 18/55 19...

7 NAME OF FUNERAL DIRECTOR E P Caggiano
ADDRESS Winthrop Mass.

Received and filed MAY 12 1955 19...
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Ethel E McLaughlin
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: Buyer
(Kind of work done during most of working life)

14 Industry or Business: Radio

15 Social Security No.

16 BIRTHPLACE (City) Cambridge Mass.
(State or country)

PARENTS

17 NAME OF FATHER James Lloyd

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Florence K Lovett

20 BIRTHPLACE OF MOTHER (City) Halifax N.S.
(State or country)

21 Informant Mrs Ethel Lloyd
(Address)

A TRUE COPY
ATTEST: [signature]
(Registrar of City or Town where death occurred)

DATE FILED March 21/55 19...

V.11

RECEIVED

MAY 12

sed by Medical Examiner

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 2884 90

1 PLACE OF DEATH

SUFFOLK (County)

BOSTON (City or Town)

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene W Orcutt (Was deceased a U. S. War Veteran, if so specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 24 Beacon St St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years.....months 10 days. In place of residence 50 years .....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar 19, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mar 9, 1955, to Mar 19, 1955
I last saw him alive on Mar 19, 1955 death is said to have occurred on the date stated above, at 1:50 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma prostate with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Subdural hemorrhage — 1 day

Major findings:
Of operations.....
Date of operation..... Was autopsy performed? yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) C. L. Clay, M. D.
(Address) M G H Date 3/19 1955

6 Winthrop Cem (Place of Burial or Cremation) Winthrop Mass (City or Town)
DATE OF BURIAL Mar 22 1955

7 NAME OF FUNERAL DIRECTOR M W Kirby
ADDRESS Winthrop Mass

Received and filed MAY 20 1955 19.....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of Ida Gravelle
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years.....Months.....Days — If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Laborer
(Kind of work done during most of working life)

14 Industry or Business: Town of Winthrop

15 Social Security No. -

16 BIRTHPLACE (City) (State or country) Quincy Mass

PARENTS

17 NAME OF FATHER William B Orcutt

18 BIRTHPLACE OF FATHER (City) (State or country) So Hero Vermont

19 MAIDEN NAME OF MOTHER Katie --

20 BIRTHPLACE OF MOTHER (City) (State or country) Milford N H

21 Informant (Address) Mrs Doris Bergstron

A TRUE COPY
ATTEST: [signature]
(Registrar of City or Town where death occurred)

DATE FILED Mar 23 1955

RECEIVED
MAY 20

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M (E)-6-50-902253

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 91

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. Grover Manor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alvotta Lorena Newksbury (Williams)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) .....

(a) Residence. No. 240 Pleasant St. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years ..... months ..... days. In place of residence 34 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 21, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 34, 19..., to Mar. 21, 55, 19...
I last saw her alive on Mar. 20, 55, 19..., death is said to have occurred on the date stated above, at 3:45 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia	INTERVAL BETWEEN ONSET AND DEATH 36hrs.
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Paralysis Quitans	1952

Major findings:
Of operations .....
Date of operation ..... Was autopsy performed? .....
What test confirmed diagnosis? Stethoscope

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) G. Lynne Cartely M. D.
(Address) 624 Winthrop St. Date Mar. 21 19 55 M. D.

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 23, 19 55

7 NAME OF FUNERAL DIRECTOR Alfred R. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed MAY 16 1955 19...
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Frederick Albert Newksbury
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 9 Months 20 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Retired housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia

PARENTS
17 NAME OF FATHER Lewis R. Williams
18 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country)
19 MAIDEN NAME OF MOTHER Helen N. Johnstone
20 BIRTHPLACE OF MOTHER (City) Halifax
(State or country) Nova Scotia

21 Informant Mr. John F. Hayes
(Address) 179 Winthrop St., Winthrop

A TRUE COPY
ATTEST: Joseph F. Leonard
(Registrar of City or Town where death occurred)

DATE FILED March 23, 19 55

V. 13 V

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MAY 16

ORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Registered No. 2989 92

1 PLACE OF DEATH

Suffolk (County)

Boston (City or Town)

Boston (City or town making return)

No. Jewish Memorial Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Esther Sogoloff
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 17 Cutler St. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 17 days. In place of residence 10 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 23/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 7, 1955, to March 23, 1955
I last saw her alive on March 23, 1955, death is said to have occurred on the date stated above, at 8:25PM m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Adenocarcinoma of the rectum with abdominal carcinomatosis	9 Mos
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Diabetes mellitus	5 Yrs

Major findings: Of operations Recto sigmoid resection

Date of operation 11-3-54 Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J G Greenfield, M. D.
(Address) Jewish Mem. Hospt Date 3-23 1955

6 Place of Burial or Cremation Beth Israel West Roxbury Mass (City or Town)
DATE OF BURIAL March 25/55 19

7 NAME OF FUNERAL DIRECTOR Paul R Levine
ADDRESS Brookline Mass.

Received and filed 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR OR RACE W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Benjamin Sogoloff
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years....Months....Days If under 24 hours ....Hours....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Russia
(State or country)

PARENTS

17 NAME OF FATHER Bernard Sandler

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Katherine Baker

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Bernard Gardner
(Address)

A TRUE COPY
ATTEST: Charles H. Machi
(Registrar of City or Town where death occurred)
March 28/55

DATE FILED 19

V.B.

RECEIVED
MAY

ORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910821

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 03111 93

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass. Memorial Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Christine Sheehan nee(Winters)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 45½ shore Drive St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.
10 hrs.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar (Month) 25 (Day) 55 (Year)

4 I HEREBY CERTIFY That I attended deceased from 3/25, 1955, to 11 a.m. 3/25, 1955
I last saw her alive on 3/25, 1955, death is said to have occurred on the date stated above, at 9.30 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) lobar pneumonia right upper & left lower lobe lwk

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus with Acidosis

Major findings:
Of operations Yes
Date of operation Was autopsy performed?
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Leman Jr. M. D.
(Address) Mass Memorial Hosp Date 3/26 55

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 29 1955

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop st Winthrop

Received and filed ..... 19....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female
9 COLOR OR RACE white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Michael J Sheehan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 47 Years 3 Months 1 Days
If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No.

16 BIRTHPLACE (City) Boston,
(State or country) Mass.

PARENTS

17 NAME OF FATHER Unknown
18 BIRTHPLACE OF FATHER (City) "
(State or country)
19 MAIDEN NAME OF MOTHER Unknown
20 BIRTHPLACE OF MOTHER (City) "
(State or country)

21 Informant Michael J Sheehan
(Address) 45½ Shore Drive Winthrop

A TRUE COPY
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Mar 30 1955 19....

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

MAY 31 AM

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 3143 Q.J

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Mass. General Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph A Smith (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 20 Pleasant St (Usual place of abode) St. Winthrop Mass. (If nonresident, give city or town and State)

Length of stay: In place of death ..years ..months 2 days. In place of residence 10 years ..months ..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 28/55 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 27 19 55, to March 28 19 55

I last saw him alive on March 28, 19 55, death is said to have occurred on the date stated above, at 11:48A m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial infarction anterior	2 Days
ANTECEDENT CAUSES Due To (b) Coronary heart disease	5 Yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Diabetes mellitus	8 Yrs

Major findings: Of operations

Date of operation ..... Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) C L Clay, M. D.

(Address) Mass. General Hospt Date 3-28 19 55

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL March 30/55 19

7 NAME OF FUNERAL DIRECTOR M W Kirby

ADDRESS Winthrop Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR OR RACE: W

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Madeline O'Donnell (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years ..Months ..Days. If under 24 hours ..Hours ..Minutes

13 Usual Occupation: Manager (Kind of work done during most of working life)

14 Industry or Business: Life Insurance

15 Social Security No. None

16 BIRTHPLACE (City) East Boston Mass. (State or country)

PARENTS

17 NAME OF FATHER Robert Smith

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Rose Ennis

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant (Address) Robert Smith

A TRUE COPY ATTEST: Charles H Trask (Registrar of City or Town where death occurred)

DATE FILED March 31/55 19

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
MAY 31 AM

ORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

BOSTON

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 3214 95

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. St. Elizabeth's Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Paul Schlichting (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. (Usual place of abode) No. 19 Pauline St. Winthrop St. Mass. (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 1 days. In place of residence ....years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar (Month) 30 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mar 29, 1955, to Mar 30, 1955

I last saw him alive on Mar 30, 1955 death is said to have occurred on the date stated above, at 10:15 m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Septicemia	4 days
ANTECEDENT CAUSES Due To (b) Aspiration pneumonia	5 days
Due To (c) Prematurity	
Generalized icterus toxic	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations

Date of operation ....Was autopsy performed? Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. J. Tremblay M. D.

(Address) St. Elizabeth Hosp. Date Mar 31 1955

6 Place of Burial or Cremation Winthrop Cem (City or Town) Winthrop Mass.

DATE OF BURIAL Mar 31 1955

7 NAME OF FUNERAL DIRECTOR F. P. Caggiano

ADDRESS Winthrop Mass.

Received and filed JUN 1 1955 19....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR OR RACE: W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced HUSBAND of ....(Give maiden name of wife in full)

(or) WIFE of ....(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ....Years....Months 5 Days — If under 24 hours ....Hours....Minutes

13 Usual Occupation: ....(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Winthrop Mass.

PARENTS

17 NAME OF FATHER Henry Schlichting

18 BIRTHPLACE OF FATHER (City) (State or country) Roxbury Mass.

19 MAIDEN NAME OF MOTHER Kathryn Pimental

20 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass.

21 Informant H. Father (Address) Winthrop

A TRUE COPY ATTEST: Charles H. Mackie (Registrar of City or Town where death occurred)

DATE FILED Apr. 4 19 55

RECEIVED
JUN-1 AM

ORM R-302

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 3633 96

1 PLACE OF DEATH

Suffolk
(County)

Boston
(City or Town)

No. Kenmore Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carl L. Ellis
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 962 Shirley St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 Hrs

3 DATE OF DEATH April 11/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 11 1955 to April 11 55
I last saw h.— alive on April 11 55, death is said to have occurred on the date stated above, at —— m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Premature Labor

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) B Parvey, M. D.
(Address) Boston Mass. Date 4-11 55

6 St Jean Baptiste Cem Lynn Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 12/55 19

7 NAME OF FUNERAL DIRECTOR A J St. Laurent
ADDRESS Lynn Mass.

Received and filed JUN 9 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days If under 24 hours Hours 3 Hrs .....Minutes

13 Usual Occupation: —
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

17 NAME OF FATHER Carl Ellis

18 BIRTHPLACE OF FATHER (City) (State or country) Swampscott Mass.

19 MAIDEN NAME OF MOTHER Lucille Lacouture

20 BIRTHPLACE OF MOTHER (City) (State or country) Lynn Mass.

21 Informant (Address) Mrs L Ellis

A TRUE COPY
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED April 14/55 19

RECEIVED

JUN-9

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M (E)-6-50-902253

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 97

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. Grover Manor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Lester Kinnear
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) .....

(a) Residence. (Usual place of abode) No. 107 St. Boudoin Street Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 3 months ..... days. In place of residence 40 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 24, (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 24 '52 (Month) (Day) (Year) to April 24, '55 (Month) (Day) (Year) 19..... I last saw him alive on April 24 (Month) (Day) 19..... at 3:45 A. m., death is said to have occurred on the date stated above, at ..... m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia	4days
ANTECEDENT CAUSES Due To (b) Hypostatic Pneumonia	1week
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations none

Date of operation ..... Was autopsy performed? no

What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify a. c. s. Burns

(Signed) Louis Burns M. D.
(Address) 637 Beway., Everett Date Apr. 24, 19 55

6 Place of Burial or Cremation Winthrop Cemetery, Winthrop (City or Town)
DATE OF BURIAL April 26, 19 55

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed MAY 16 1955 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of Elizabeth Mary Kinnear
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 1 Months 4 Days
If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Retired attendance office
(Kind of work done during most of working life)

14 Industry or Business: Winthrop School Dept.

15 Social Security No. None

16 BIRTHPLACE (City) East Boston (State or country) Mass.

PARENTS

17 NAME OF FATHER William Kinnear

18 BIRTHPLACE OF FATHER (City) New Brunswick (State or country)

19 MAIDEN NAME OF MOTHER Lovenia Cole Tate

20 BIRTHPLACE OF MOTHER (City) New Brunswick (State or country)

21 Informant Elbridge F. Belcher
(Address) 230 Lincoln Ave., Winthrop

A TRUE COPY
ATTEST: Joseph F. Whitehead
(Registrar of City or Town where death occurred)

DATE FILED April 26, 19 55

RECEIVED
MAY 16

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

n giving E OF DEATH

not enter re than one se for each), (b) and (c)

is does not mean le of dying, such failure, asthenia, neans the disease, plications which death.

rbid conditions, giving rise to the use (a) stating derlying cause

ditions contrib- the death but not to the disease or n causing death.

50M-5-52-907046

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 98

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian G. Flanagan (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 410 Shirley Street St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 4 days. In place of residence 50 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY (Month) 3 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN 1953, to MAY 3, 1955

I last saw her alive on MAY 3, 1955, death is said to have occurred on the date stated above, at 1:45 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CEREBRAL HEMORRHAGE	3 DAYS
ANTECEDENT CAUSES Due To (b) HYPERTENSIVE HEART DIS	2 YRS.
Due To (c) ARTERIO-SCLEROTIC HEART DIS	3 YRS.
OTHER SIGNIFICANT CONDITIONS RT. VENTRICULAR TACHYCARDIA	5 DAYS.

Major findings: Of operations NONE

Date of operation NONE Was autopsy performed? No.

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Myron N. King M. D.

(Address) 1 PLEASANT ST. WINTHROP Date MAY 3 1955

6 Holy Cross Place of Burial or Cremation — Malden Mass (City or Town)

DATE OF BURIAL May 6 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley

ADDRESS Winthrop Mass

MAY 6 1955

Received and filed ..... 19..

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Charles A. Flanagan (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

17 NAME OF FATHER William Fraser

18 BIRTHPLACE OF FATHER (City) ..... (State or country) Canada

19 MAIDEN NAME OF MOTHER Ellen Lawlor

20 BIRTHPLACE OF MOTHER (City) ..... (State or country) Canada

21 Informant Charles Flanagan (Address) 410 Shirley St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/5/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war; and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

does not mean of dying, such ilure, asthenia, ans the disease, cations which th.

id conditions, ing rise to the e (a) stating rlying cause

tions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 99

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 287 Revere St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Violet I. Collins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 287 Revere St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 3 years 6 months ....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY (Month) 4 (Day) 1955. (Year)

4 I HEREBY CERTIFY, That I attended deceased from MAY 13, 1952 to MAY 4, 1955

I last saw h. E.R. alive on MAY 3, 1955 death is said to have occurred on the date stated above, at 4:30 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) GENERALIZED CARCINOMATOSIS	6 MOS.
ANTECEDENT CAUSES Due To (b) CARCINOMA RIGHT BREAST	3 YRS.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS NONE	

Major findings: Of operations ADENOCARCINOMA RT. BREAST

Date of operation MAY 30, 1952 Was autopsy performed? No.

What test confirmed diagnosis? CLINICAL + LABORATORY

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Maurice Trauchin Jr. M. D.

(Address) 562 SHIRLEY ST, WINTHROP Date MAY 4, 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL May 7, 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley

ADDRESS Winthrop Mass

Received and filed MAY 6 1955 19....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR OR RACE White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John H. Collins
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 44 Years ....Months....Days If under 24 hours ....Hours ....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Thorndike
(State or country) Mass

PARENTS

17 NAME OF FATHER Francis Wilson

18 BIRTHPLACE OF FATHER (City) Ware
(State or country) Mass

19 MAIDEN NAME OF MOTHER Janet Russell

20 BIRTHPLACE OF MOTHER (City) Worcester
(State or country) Mass

21 Informant John H. Collins
(Address) 287 Revere St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer 5/5/55
(Official Designation) (Date of Issue of Permit)

100M-10-53-810621

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR L CERTIFICATE

giving OF DEATH

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 100

Revised 6-3-56

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Caroline M. Faucon (Cornelissen)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 144 Bradstreet Ave., St., Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 3 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 6 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 3, 1955, to May 6, 1955

I last saw her alive on May 5, 1955, death is said to have occurred on the date stated above, at 2:00 A.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis	2 days
ANTECEDENT CAUSES Due To (b) Virus Pneumonia	3 days
Due To (c) Diabetes & Hypertension	5 yrs. +
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation ..... Was autopsy performed?
What test confirmed diagnosis? E.K.G. Consultation

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date 5/7 1955

6 Holy Cross Place of Burial or Cremation Malden (City or Town)
DATE OF BURIAL May 9, 1955

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella
ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed MAY 10 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female | 9 COLOR OR RACE white | 10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of John B. Faucon (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Belgium

PARENTS

17 NAME OF FATHER Henry Cornelissen

18 BIRTHPLACE OF FATHER (City) (State or country) Belgium

19 MAIDEN NAME OF MOTHER Jeanett Max

20 BIRTHPLACE OF MOTHER (City) (State or country) Belgium

21 Informant Marguerite Stanton
(Address) 144 Bradstreet Ave., Revere, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

Health Officer 5/8/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 101

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 49 ~~Beal~~ Read Street Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary P. Sheehan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 49 Read St Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 17 years ..... months ..... days. In place of residence 17 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY (Month) 6 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from MAY 5, 1955 to MAY 6, 1955
I last saw h ..... alive on MAY 6, 1955, death is said to have occurred on the date stated above, at 3 AM m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CORONARY THROMBOSIS	1 MO.
ANTECEDENT CAUSES Due To (b) ARTERIOSCLEROSIS	10 YRS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS HYPERTENSION	10 YRS

Major findings:
Of operations
Date of operation ..... Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. M. Caplan, M. D.
(Address) 156 Revere St Date 5-7-1955

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL May 9 1955

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St East Boston

Received and filed MAY 9 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR OR RACE: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Daniel F. Sheehan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 1 Months 15 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Canada

PARENTS
17 NAME OF FATHER Henry DeSorey
18 BIRTHPLACE OF FATHER (City) (State or country) Canada
19 MAIDEN NAME OF MOTHER Cannot be learned
20 BIRTHPLACE OF MOTHER (City) (State or country) Canada

21 Informant Mrs. Mary Phyllis Dinsmore
(Address) 87 Pleasant St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/9/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

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bid conditions. ving rise to the se (a) stating erlying cause

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50M-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 102

1 PLACE OF DEATH
Winthrop (County)
Suffolk (City or Town)
No. 23 Chester Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ann Jane Hutchinson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 23 Chester Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 11 years ... months ... days. In place of residence 11 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 7 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1952 to MAY 7, 1955
I last saw h[illegible] alive on MAY 5, 1955, death is said to have occurred on the date stated above, at 8:15 A.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ACUTE CORONARY THROMBOSIS	5 WKS.
ANTECEDENT CAUSES Due To (b) ARTERIOSCLEROTIC HEART DISEASE	4 YRS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS PERNICIOUS ANEMIA	7 YRS.

Major findings: Of operations NONE
Date of operation ... Was autopsy performed? NO.
What test confirmed diagnosis? CLINICAL + LABORATORY.

5 Was disease or injury in any way related to occupation of deceased? NO.
If so, specify ...
(Signed) Maurice Traunstein M. D.
(Address) 562 SHIRLEY ST, WINTHROP Date MAY 7, 1955

6 Forrest Hills Cemetery Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL May 9, 1955 19

7 NAME OF FUNERAL DIRECTOR Albert B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAY 9 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR OR RACE: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

10a If married, widowed, or divorced
HUSBAND of ...
(Give maiden name of wife in full)
(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 5 Months 2 Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: house ~~work~~ wife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Lester
(State or country) England

PARENTS

17 NAME OF FATHER Jonathan Hutchinson

18 BIRTHPLACE OF FATHER (City) ...
(State or country) England

19 MAIDEN NAME OF MOTHER Ann Davis

20 BIRTHPLACE OF MOTHER (City) ...
(State or country) England

21 Informant Mrs. John Maw, Sr.
(Address) ~~23 Chester Ave, Winthrop~~

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/9/55
(Official Designation) (Date of Issue of Permit)

V.1 V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

In giving E OF DEATH

not enter re than one se for each), (b) and (c)

is does not mean de of dying, such failure, asthenia, means the disease, plications which death.

rbid conditions, giving rise to the ause (a) stating derlying cause

nditions contrib- the death but not to the disease or n causing death.

50M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 103

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gustav J. Holmberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 44 Hudson St. Quincy
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 00 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 9 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 3-19-, 1955, to 5-9-, 1955

I last saw him alive on 5-9, 1955, death is said to have occurred on the date stated above, at 5:35 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Cirrhosis of Liver	5 mos
ANTECEDENT CAUSES Due To (b) Congestive heart failure	1 wk.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) 327 Summer St. Date 5/9/55

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL MAY 12 1955

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed MAY 12 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of EMMA Swenson
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: Painter
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 706-03-8109 A

16 BIRTHPLACE (City) (State or country) Sweden

PARENTS
17 NAME OF FATHER Not Known
18 BIRTHPLACE OF FATHER (City) (State or country) Sweden
19 MAIDEN NAME OF MOTHER Charlotte Not Known
20 BIRTHPLACE OF MOTHER (City) (State or country) Sweden

21 Informant Helen Knudsen
(Address) 44 Hudson St. Quincy

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/12/55
(Official Designation) (Date of Issue of Permit)

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR . CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

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id conditions, ving rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

Chapter 137, 1954, requires ns to print or cause or causes th on death tes.

50M-3-54-911867

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 104

1 PLACE OF DEATH: Suffolk (County) Boston 6-23 Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: John J. Tosney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ~~WAR~~

(a) Residence. No. 1058 Bennington St. St. East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 2 days. In place of residence 44 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: May (Month) 13, (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 11, 1955 to May 13, 1955
I last saw him alive on May 13, 1955, death is said to have occurred on the date stated above, at 7:20 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

~~Arteriosclerotic heart disease-1 yr~~

ANTECEDENT CAUSES Due To (b) ~~none~~

Due To (c) none

OTHER SIGNIFICANT CONDITIONS none

Major findings: Of operations

Date of operation ..... Was autopsy performed?

What test confirmed diagnosis? Clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Maurice Traughton Jr. M. D.
(Address) 50 Shirley St. Winthrop 52 Date May 13, 1955

6 Holy Cross Place of Burial or Cremation Malden, Mass (City or Town)
DATE OF BURIAL May 16, 1955

7 NAME OF FUNERAL DIRECTOR J. F. McGlinchey
ADDRESS Chelsea, Mass.

Received and filed May 16, 1955
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M. 9 COLOR OR RACE: W. 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Mary A. O'Neill (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Postal Worker-Retired (Kind of work done during most of working life)

14 Industry or Business: Government worker

15 Social Security No.

16 BIRTHPLACE (City) Chelsea (State or country) Mass.

PARENTS
17 NAME OF FATHER John Tosney
18 BIRTHPLACE OF FATHER (City) Ireland (State or country)
19 MAIDEN NAME OF MOTHER Bridget Monahan
20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Mary A. Tosney (Address) 1058 Bennington St, E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. G. Baker (Signature of Agent of Board of Health or other)
H.O. (Official Designation) May 13/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

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50M-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 105

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. 7 Maryland Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby Girl) Donna Ella Everbeck
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 7 Maryland Ave St
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 10 months 8 days. In place of residence 1 years 10 months 8 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 17 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19—, death is said to have occurred on the date stated above, at 5 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes

ANTECEDENT CAUSES Due To (b) Presumably suffocation by

Due To (c) food or vomitus

OTHER SIGNIFICANT CONDITIONS Mongolism

INTERVAL BETWEEN ONSET AND DEATH

Major findings: Of operations —

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray M.D.
(Address) Winthrop Board of Health Date 18 May 1955 M. D.

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL May 19 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS 180 Winthrop St. Winthrop

Received and filed MAY 19 1955 19—

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR OR RACE White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 1 Years 10 Months 8 Days | If under 24 hours Hours Minutes

13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

17 NAME OF FATHER Le Roy P. Everbeck

18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass

19 MAIDEN NAME OF MOTHER Virginia A. Reed

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

21 Informant Le Roy P. Everbeck
(Address) 7 Maryland Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or duet)
Health Officer 5/19/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

MAY 13 1946 RECEIVED

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one e for each (b) and (c)

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bid conditions, ving rise to the se (a) stating erlying cause

itions contrib- se death but not the disease or causing death.

:- Chapter 137, f 1954, requires ians to print or e cause or causes ath on death ates.

50M-3-54-911667

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 106

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert N Ingersoll
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 25 Ocean View St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 3 days. In place of residence 1 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY (Month) 20 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec, 1945, to May 20, 1955

I last saw him alive on May 20, 1955 death is said to have occurred on the date stated above, at 3:00 p.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) congestive heart failure

ANTECEDENT CAUSES Due To (b) arteriosclerosis
coronary arteriosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS ? G.I. malignancy

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis? X-Rays. Ecg.

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) H. B. Greenfield, M. D.
(Address) 497 Shirley St Winthrop Date 5-20 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL May 23 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed MAY 23 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of Carrie Lakeman
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 10 Months 6 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Fisherman
(Kind of work done during most of working life)

14 Industry or Business: Lobster

15 Social Security No. 015-18-0343

16 BIRTHPLACE (City) Addison
(State or country) Maine

PARENTS
17 NAME OF FATHER William Ingersoll
18 BIRTHPLACE OF FATHER (City) Addison
(State or country) Maine
19 MAIDEN NAME OF MOTHER Annie Batson
20 BIRTHPLACE OF MOTHER (City) Addison
(State or country) Maine

21 Informant Carrie Francis
(Address) 25 Ocean View St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/23/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RECEIVED

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3.53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or Town making return) Malden

Registered No. 107

1 PLACE OF DEATH (County) Middlesex

(City or Town) Malden

No. Malden Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ----- McGrath (Was deceased a U. S. War Veteran, if so specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Read St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months ___ days. In place of residence ___ years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 21 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at 10:51a m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Infarction & Fibrosis of Placenta ?

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) .....

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS .....

Major findings:
Of operations No Operation
Date of operation ..... Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Edmund L. Whelan, M. D.
(Address) 119 Forest St., Med. Date 5/22 19 55

6 Place of Burial or Cremation Winthrop Cemtery (City or Town)
DATE OF BURIAL May 23, 19 55

7 NAME OF FUNERAL DIRECTOR E.P. Caggiano & Sons
ADDRESS 147 Winthrop St., Win.

Received and filed ..... 19.....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR OR RACE White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE .....Years .....Months .....Days
If under 24 hours .....Hours .....Minutes

13 Usual Occupation: .....
(Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. .....

16 BIRTHPLACE (City) Malden
(State or country) Mass.

PARENTS

17 NAME OF FATHER Edward F. McGrath Jr.

18 BIRTHPLACE OF FATHER (City) Natick
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Catherine Doherty

20 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass.

21 Informant Edward F. McGrath Jr.
(Address) 25 Read St., Winthrop

A TRUE COPY
ATTEST: .....
(Registrar of City or Town where death occurred)

DATE FILED June 1, 19 55

RM R-301

TRUCTIONS FOR L CERTIFICATE

n giving OF DEATH

not enter e than one e for each , (b) and (c)

s does not mean e of dying, such ailure, asthenia, eans the disease, lications which eath.

bid conditions, iving rise to the use (a) stating derlying cause

ditions contrib- he death but not o the disease or causing death.

50M (AL)-51 903566

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 108

1 PLACE OF DEATH — Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Deborah LeBlanc (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 340 Reservoir Avenue St. Revere, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 5 months 17 days. In place of residence 0 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 22 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1954, to May 22, 1955

I last saw her alive on May 22, 1955, death is said to have occurred on the date stated above, at 5 50 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Endocardial Sclerosis c̄ Mitral Stenosis	5 mos
ANTECEDENT CAUSES Due To (b) Mitral	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Rt Myocardial hypertrophy, Pulmonary edema L. hydro.	

Major findings Of operations: Thorax, hydro pericardium. Pericardiectomy

Date of operation — Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. A. Potts M. D.

(Address) 17a Bennington St E Bos Date 5/23 1955

6 Holy Cross Cemetery, Malden (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL May 24th 1955

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E.Boston

Received and filed MAY 23 1955 19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR OR RACE White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years 5 Months 17 Days — If under 24 hours Hours Minutes

13 Usual Occupation: none (Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

16 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

17 NAME OF FATHER Thomas L. LeBlanc

18 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.

19 MAIDEN NAME OF MOTHER Josephine S. Fazio

20 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass.

21 Informant Thomas L. LeBlanc-father (Address) 340 Reservoir Ave., Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/23/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

does not mean of dying, such ilure, asthenia, ans the disease, cations which th.

id conditions, ing rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

- Chapter 137, 1954, requires ns to print or cause or causes th on death tes.

50M-3-54-911667

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 109

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 57 Marshall St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Domenic Christopher (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 57 Marshall St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY (Month) 27 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 6, 1955, to MAY 27, 1955 I last saw him alive on MAY 27, 1955 death is said to have occurred on the date stated above, at 10:15 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) BRONCHO PNEUMONIA	4 days
ANTECEDENT CAUSES Due To (b) BRONCHIECTASIS	3 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles Lieberman M. D.

(Address) Winthrop, MASS Date 5/27/ 1955

6 Winthrop Cemetery Winthrop (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL May 31 1955

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St. Winthrop

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male

9 COLOR OR RACE white

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced HUSBAND of Mary Flak (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years 11 Months 3 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Shoe Worker (Kind of work done during most of working life)

14 Industry or Business: Shoe

15 Social Security No. 031-07-3579

16 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

17 NAME OF FATHER Jerimiah Christopher

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Angelina Cosenza

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant Mary Christopher (Address) 57 Marshall St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/30/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

RECEIVED

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

1 R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

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d conditions, ing rise to the e (a) stating lying cause

tions contrib- death but not he disease or ausing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

~~Book #1~~ ~~Dep. #45~~

Registered No. 110

To be filed for burial permit with Board of Health or its Agent.

Chelsea 6-5-55

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~HENRY M GUPPY~~ HENRY M. GUPPY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 106 Williams St. Chelsea
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years..months 7 days. In place of residence 20 years..months..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 29 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from February, 1953, to May 24, 1955

I last saw him alive on May 24, 1955, death is said to have occurred on the date stated above, at 11:30 a.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Rheumatic Heart Disease	5 years
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations

Date of operation ..... Was autopsy performed? No

What test confirmed diagnosis? Physical Examination

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Albert Kapp, M. D.

(Address) 5 Crescent Ave. Chelsea Date May 29 1955

6 Pine Hill Cem. Dover N.H.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 1, 1955

7 NAME OF FUNERAL DIRECTOR F. J. McGlinchey

ADDRESS 583 Broadway Chelsea

Received and filed ..... 19..

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR OR RACE White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Divorced

10a If married, widowed, or divorced HUSBAND of Ethel M. Bailey
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ~~70~~ 69 Years 7 Months 28 Days | If under 24 hours ..Hours ..Minutes

13 Usual Occupation: Fireman (retired)
(Kind of work done during most of working life)

14 Industry or Business: Strafford County Farm ~~Retired~~

15 Social Security No. 003-18-2563

16 BIRTHPLACE (City) Dover
(State or country) N.H.

PARENTS

17 NAME OF FATHER Albert Guppy GUPPY

18 BIRTHPLACE OF FATHER (City) Dover
(State or country) N. Hampshire

19 MAIDEN NAME OF MOTHER Rhoda A Berry

20 BIRTHPLACE OF MOTHER (City) West Powell
(State or country) Maine

21 Informant Mrs Edna McCarthy
(Address) 68 Chesterfield Ave Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Bakers
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/29/55 (Date of Issue of Permit)

100M-10-53-910621

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical agents or poisons, thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

11 12 1 2 3 4 5 6 7 8 9 10 MAY 31 1

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

does not mean of dying, such ilure, asthenia, ns the disease, cations which th.

id conditions, ing rise to the e (a) stating rlying cause

tions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 111

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine A. Haugh
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 86 Bellevue Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 4 days. In place of residence 30 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 29 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 20, 1955, to MAY 29, 1955
I last saw HER alive on MAY 29, 1955 death is said to have occurred on the date stated above, at 5 20 p.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia.	5-26-55
ANTECEDENT CAUSES Due To (b) CEREBRAL Thrombosis	5-22-55
Due To (c) GEN. ARTERIOSCLEROSIS	yrs.
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations NONE
Date of operation NONE Was autopsy performed? —
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) D. Thomas Stoffer, M. D.
(Address) 28 Bnell St Fall Date May 30 1955

6 Vinthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL June 1 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley
ADDRESS Winthrop Mass

Received and filed JUN 1 1955 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR OR RACE	10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
Female	White	Married

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of John J. Haugh
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. .....

16 BIRTHPLACE (City) .....
(State or country) Ireland

PARENTS

17 NAME OF FATHER Thomas Tarmey

18 BIRTHPLACE OF FATHER (City) .....
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Catherine Mortimer

20 BIRTHPLACE OF MOTHER (City) .....
(State or country) Ireland

21 Informant Mary A Haugh
(Address) 86 Bellevue Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/31/55
(Official Designation) (Date of Issue of Permit)

100M-10-53-910621

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED 1945

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

1 R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

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d conditions, ing rise to the e (a) stating lying cause

tions contrib- death but not he disease or ausing death.

Chapter 137. 1954, requires ns to print or cause or causes h on death es.

50M-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 112

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 227 Shirley Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Robert Sandiford
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 227 Shirley Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 35 years ..... months ..... days. In place of residence 35 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 29, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19—, death is said to have occurred on the date stated above, at 9:55 P.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural causes —

ANTECEDENT CAUSES Due To (b) Presumably coronary occlusion

Due To (c) Arteriosclerotic heart disease years

OTHER SIGNIFICANT CONDITIONS Carcinoma of rectum years

Major findings: Of operations none

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M.D. M. D.
(Address) Winthrop Board of Health Date 31 May 1955

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 1, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male

9 COLOR OR RACE black

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Minnie Elizabeth Blair
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 1 Months 25 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation retired custodian
(Kind of work done during most of working life)

14 Industry or Business: Winthrop Co-Operative Bank

15 Social Security No. 030-03-7967-A.

16 BIRTHPLACE (City) Barbadoes
(State or country) British West Indies

PARENTS

17 NAME OF FATHER Richard Sandiford

18 BIRTHPLACE OF FATHER (City) Barbadoes
(State or country) British West Indies

19 MAIDEN NAME OF MOTHER Mary MacLean

20 BIRTHPLACE OF MOTHER (City) Barbadoes
(State or country) British West Indies

21 Informant Mrs. John R. Sandiford
(Address) 227 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) May 31/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

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d conditions, ing rise to the e (a) stating lying cause

tions contrib- death but not he disease or causing death.

100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 113

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 573 Pleasant St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Canty
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 573 Pleasant St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 40 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 30 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 10, 1952, to May 30, 1955

I last saw her alive on May 25, 1955, death is said to have occurred on the date stated above, at 12:15a.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Epidermoid Cancer of Face	1 yr.
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Senility	

Major findings: Of operations None

Date of operation ....Was autopsy performed?....

What test confirmed diagnosis?....

5 Was disease or injury in any way related to occupation of deceased?....
If so, specify....
(Signed) [illegible] M. D.
(Address) 123 Bennington St. Revere Date May 31 1955

6 Holy Cross Malden Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 2, 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley
ADDRESS Winthrop

Received and filed JUN 1 1955 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR OR RACE	10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)
Female	White	Widowed

10a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of Jeremiah Canty
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years ....Months ....Days | If under 24 hours ....Hours....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. ....

16 BIRTHPLACE (City) Co. Cork
(State or country) Ireland

PARENTS

17 NAME OF FATHER James Nolan

18 BIRTHPLACE OF FATHER (City) ....
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Elizabeth Bushe

20 BIRTHPLACE OF MOTHER (City) ....
(State or country) Ireland

21 Informant Catheryn M. Canty
(Address) 573 Pleasant St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/31/55
(Official Designation) (Date of Issue of Permit)

V.13.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

I R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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tions contrib- e death but not he disease or causing death.

100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 114

Revere 6-8-55

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Comm. Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: BABY GIRL TANENBAUM
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 48 Highland St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 5 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: May 31, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from MAY 27, 1955, to MAY 31, 1955

I last saw h. alive on MAY 31, 1955, death is said to have occurred on the date stated above, at 9:15 am m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ATELECTASIS	4 DAYS
ANTECEDENT CAUSES Due To (b) PROLAPSED CORD BEFORE DELIVERY	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations.....

Date of operation ..... Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL FINDINGS

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [illegible], M. D.
(Address) 300 Commonwealth Ave. Date 5-31 1955

6 Beth Israel Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 1, 1955

7 NAME OF FUNERAL DIRECTOR Louis Hymanson
ADDRESS Lynn, Mass

Received and filed JUN 1 1955 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ..... Years ..... Months 5 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: ..... (Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. .....

16 BIRTHPLACE (City) (State or country) Winthrop

PARENTS

17 NAME OF FATHER Herbert Tanenbaum

18 BIRTHPLACE OF FATHER (City) (State or country) Boston, Mass.

19 MAIDEN NAME OF MOTHER Beatrice Brothers

20 BIRTHPLACE OF MOTHER (City) (State or country) Boston, Mass

21 Informant Herbert Tanenbaum (Father)
(Address) 48 Highland St. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/1/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH

SUFFOLK (County)

BOSTON (City or Town)

No. Boston City Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON (City or town making return)

Registered No. 405215

2 FULL NAME Frank Tedesco
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 39 Grovers Ave. Winthrop, St. Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 4 days. In place of residence 10 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar (Month) 29 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mar 25, 1955 to MAR 29, 1955

I last saw him alive on ....., 19....., death is said to have occurred on the date stated above, at 3:30 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Wk.

ANTECEDENT CAUSES Due To (b) .....

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS .....

Major findings: Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) M. W. O'Connell M.D.
(Address) Boston City Hosp. Date Mar 30, 1955

6 Fairview Place of Burial or Cremation Boston (City or Town)
DATE OF BURIAL Apr 25, 1955

7 NAME OF FUNERAL DIRECTOR J. L. Doran
ADDRESS Dorchester

Received and filed JUN 20 1955, 1955
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR OR RACE: W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Jenny (Genva Italy)
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years....Months....Days — If under 24 hours ....Hours....Minutes

13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. ----------

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER Joseph Tadesco

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Isabelle----------

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Public Welfare
(Address) Boston

A TRUE COPY
ATTEST: .....
(Registrar of City or Town where death occurred)

DATE FILED Apr 26, 1955

RECEIVED
JUN20

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910821

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 3971 116

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bridgit Cronin
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 132 Pauline St St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 19 days. In place of residence 45 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Apr 19, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mar 31 19 55, to Apr 19, 19 55
I last saw her alive on Apr 19, 19 55 death is said to have occurred on the date stated above, at 3 a m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Gangrene of colon	20 dys
ANTECEDENT CAUSES Due To (b) Thrombosis of colic arteries	20 dys
Due To (c) Arterio sclerosis	4 yrs
OTHER SIGNIFICANT CONDITIONS Broncho pneumonia	5 dys

Major findings:
Of operations
Date of operation ..... Was autopsy performed? yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. L. Clay, M. D.
(Address) M. G. H. Date 19

6 Winthrop Com Winthrop Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Apr 22 1955

7 NAME OF FUNERAL DIRECTOR M W Kirby
ADDRESS Winthrop Mass

Received and filed JUN 16, 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Jeremiah P Cronin
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years ..... Months ..... Days
If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: --

15 Social Security No. -

16 BIRTHPLACE (City) Ireland
(State or country)

PARENTS

17 NAME OF FATHER -

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER - Mahon

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Jeremiah P Cronin
(Address)

A TRUE COPY
ATTEST: [signature]
(Registrar of City or Town where death occurred)

DATE FILED Apr 25 19 55

RECEIVED
JUN16 M

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Registered No. 1078 17

1 PLACE OF DEATH

Suffolk (County) — Boston (City or Town) — (City or town making return) Boston

No. U S P Health Service Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Howard Thompson Dodge
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 379 Pleasant St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 6 months 11 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 21/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1954, to April 21 1955
I last saw him alive on April 21 55, death is said to have occurred on the date stated above, at 1;10 PM m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hemorrhage, arterial paratracheal vessels — INTERVAL BETWEEN ONSET AND DEATH 30 Mins

ANTECEDENT CAUSES Due To (b) Carcinoma of larynx with metastases to pharynx cervical nodes and brain — 1½ Yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations Pr efrontal lobotomy
Date of operation 1-21-55 Was autopsy performed? Yes
What test confirmed diagnosis? biopsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) , M. D.
(Address) D C Miller Date 4-1955
U S P H Service Hospt

6 Place of Burial or Cremation Woodlawn Cem-Everett Mass. (City or Town)
DATE OF BURIAL April 25/55 19

7 NAME OF FUNERAL DIRECTOR F J Magrath
ADDRESS Boston Mass.

Received and filed JUN 20 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M
9 COLOR OR RACE W
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Emma Caton
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years 3 Months 5 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Chief Engineer
(Kind of work done during most of working life)

14 Industry or Business: Merchant Marines

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Portland Maine

PARENTS

17 NAME OF FATHER Melville Dodge

18 BIRTHPLACE OF FATHER (City) (State or country) Portland Maine

19 MAIDEN NAME OF MOTHER Mary Thompson

20 BIRTHPLACE OF MOTHER (City) (State or country) Portland Maine

21 Informant
(Address) Medical Records U S P H Servicehospt

A TRUE COPY
ATTEST: Charles H. Mac
(Registrar of City or Town where death occurred)

DATE FILED April 26/55 19

VBV

RECEIVED

JUN 20 AM

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 4282 118

1 PLACE OF DEATH

(County) .....

(City or Town) .....

No. Boston City Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Cohen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 374 Shirley St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 31 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Apr (Month) 29 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Apr 29, 1955, to Apr 29, 1955

I saw alive on ....., 19....., death is said to have occurred on the date stated above, at 9:16 A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES Due To (b) .....

Due To (c) Congestion and Edema of Lungs — Days

OTHER SIGNIFICANT CONDITIONS .....

Major findings:
Of operations.....
Date of operation..... Was autopsy performed?.....
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) James V. Sacchetti M. D.
(Address) Boston City Hosp. Date Apr 29 19 55

6 Jewish Peoples Cem. Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL May 1 19 55

7 NAME OF FUNERAL DIRECTOR B. Schlossberg & Sons
ADDRESS Mattapan

JUN 23 1955

Received and filed 19 55
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Leah Cohen O.K.
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years.....Months.....Days — If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Operator
(Kind of work done during most of working life)

14 Industry or Business: Cap Mfg. Factory

15 Social Security No.....

16 BIRTHPLACE (City) (State or country) Russia

PARENTS

17 NAME OF FATHER Beryl Cohen

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Basha

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Leah Cohen
(Address) Winthrop

TRUE COPY
ATTEST: Charles A. MacLean
(Registrar of City or Town where death occurred)

DATE FILED May 3 19 55

RECEIVED

JUN23

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M (E)-6.50-902253

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 119

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. Crever Parar Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Winnie Siegel (Sadoffsky)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 435 Shirley St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death 7 years 17 months 30 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 29, (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 12, 54 to April 29, 55, 19
or April 29, 55, 19
I last saw h alive on 1:00 A. 19, death is said to have occurred on the date stated above, at m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia	4days
ANTECEDENT CAUSES Due To (b) Carcinoma of left breast	1 yr
Due To (c) Congestive heart failure	2 yrs
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations no
Date of operation Was autopsy performed? Clinical signs
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) James F. Burns M.D.
(Address) 537 Edwy., Everett Date Apr. 29 19 55

6 Place of Burial or Cremation Congr. Mizreth Israel Woburn (City or Town)
DATE OF BURIAL May 1, 19 55

7 NAME OF FUNERAL DIRECTOR Paul R. Levine
ADDRESS 470 Harvard St., Brookline

Received and filed JUN 13 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Adolph Siegel (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years Months Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

PARENTS

17 NAME OF FATHER Ruben Sadoffsky

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Son or Douglas
(Address) Fall River, Mass.

A TRUE COPY
ATTEST: [signature]
(Registrar of City or Town where death occurred)

DATE FILED May 2, 19 55

RECEIVED

JUN 13 AM

M R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH

1 SUFFOLK (County) BOSTON (City or Town)

BOSTON (City or town making return)

Registered No. 4674 120

No. Mass. Gen Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida Annapolsky (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. (Usual place of abode) No. 105 Almont St. Winthrop St. (If nonresident, give city or town and State)

Length of stay: In place of death ..years 1 months 16 days. In place of residence 35 years ..months ..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 12 (Day) 1955 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fractured Rt. femur
Fractur s left humerus
Arterio Sclerotic Heart disease

5 Accident, suicide, or homicide (specify) Accidental

Date and hour of injury May 12 19 55

Where did Injury occur? Winthrop (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury Fell accidentally at Hospital (How did injury occur?)

Nature of Injury in Winthrop Mar 20, 1955

While at work? ..Was autopsy performed? ..

6 Was disease or injury in any way related to occupation of deceased? ..

If so, specify W. J. Brickley

(Signed) Boston May 12 55 M.D.

(Address) ..Date ..19..

7 Place of Burial, or Cremation. Winthrop Cem. Everett (City or Town)

DATE OF BURIAL May 13 19 55

8 NAME OF FUNERAL DIRECTOR P.R. Levine

ADDRESS Brookline

Received and filed JUL 5 1955 19 55

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX F

10 COLOR OR RACE W

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

11a If married, widowed, or divorced HUSBAND of ..(Give maiden name of wife in full)

(or) WIFE of Morris Annapolsky (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 81 Years ..Months ..Days | If under 24 hours ..Hours ..Minutes

14 Usual Occupation: Housewife (Kind of work done during most of working life)

15 Industry or Business: At home

16 Social Security No. None

17 BIRTHPLACE (City) (State or country) Russia

PARENTS

18 NAME OF FATHER Abraham Berman

19 BIRTHPLACE OF FATHER (City) (State or country) Russia

20 MAIDEN NAME OF MOTHER Harriet----------

21 BIRTHPLACE OF MOTHER (City) (State or country) Russia

22 Informant Rose Anna (Address) Winthrop

A TRUE COPY.

ATTEST: ..(Registrar of City or Town where death occurred)

DATE FILED May 16 19 55

RECEIVED

JUL-5

M R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 121

1 PLACE OF DEATH

Essex
(County)

Danvers
(City or Town)

No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis J. Letson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. (Usual place of abode) No. 186 Bartlett Rd., Winthrop, Mass. St. (If nonresident, give city or town and State)

Length of stay: In place of death 5 years 6 months 15 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 16 (Day) 1955 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary Occlusion

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury

While at work? Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph P. McCarthy M. D.

(Address) Peabody, Mass. Date 5/17 1955

7 Woodlawn Cemetery, Everett, Mass.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL May 20, 1955

8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male

10 COLOR OR RACE White

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) single

11a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 64 Years 4 Months 10 Days

If under 24 hours ..... Hours ..... Minutes

14 Usual Occupation: Tool Maker
(Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No. Unknown

17 BIRTHPLACE (City) Liverpool
(State or country) England

PARENTS

18 NAME OF FATHER Henry F. Letson

19 BIRTHPLACE OF FATHER (City) Chatham
(State or country) N. B. Canada

20 MAIDEN NAME OF MOTHER Elizabeth Abrams

21 BIRTHPLACE OF MOTHER (City) Chatham
(State or country) N. B. Canada

22 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.
ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED May 19, 1955

RECEIVED

JUN 23

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

does not mean of dying, such ilure, asthenia, ans the disease, cations which th.

id conditions. ing rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

- Chapter 137, 1954, requires ns to print or cause or causes th on death tes.

50M-3-54-911667

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 122

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Cliff Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marion (Sawyer) Armstrong
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 125 Cliff Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 15 years ... months ... days. In place of residence 15 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 1 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from FEB, 1950, to JUNE 1, 1955

I last saw her alive on JUNE 1, 1955, death is said to have occurred on the date stated above, at 10 20 A m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ACUTE MYOCARDIAL INFARCT	1/2 HR.
ANTECEDENT CAUSES Due To (b) HYPERTENSIVE & ARTERIO-SCLEROTIC HEART DISEASE	7 YRS.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS NONE	

Major findings: Of operations NONE

Date of operation NONE Was autopsy performed? NONE

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Myron N. Kang, M. D.
(Address) 222 PLEASANT ST. WINTHROP Date JUNE 1 1955

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 3 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed JUN 3 1955 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of ...
(Give maiden name of wife in full)
(or) WIFE of Frank Armstrong
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 5 Months 6 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Randolph
(State or country) Vermont

PARENTS

17 NAME OF FATHER Unable to Obtain

18 BIRTHPLACE OF FATHER (City) Unable to Obtain
(State or country)

19 MAIDEN NAME OF MOTHER Unable to Obtain

20 BIRTHPLACE OF MOTHER (City) Unable to Obtain
(State or country)

21 Informant Louise Paul
(Address) Woodland Rd. North Hampton N. H.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Nathan S. Parker
(Signature of Agent of Board of Health or other)

Health Officer 6/3/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

M R-303 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-1-52-906135

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 123

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 134 Circuit Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jo-Ann Murphy (Hayden) (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT: (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 134 Circuit Rd. St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 14 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 3 (Day) 1955 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

RHEUMATIC HEART DISEASE
CARDIAC DILATATION, MASSIVE
ACUTE CONGESTIE HEART
FAILURE

5 Accident, suicide, or homicide (specify)....

Date and hour of injury....19....

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury

While at work? ....Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?....

If so, specify

(Signed) Michael A. Luongo, M. D.

(Address) 23 Shattuck St. Date 6/4 1955

7 St Joseph Boston
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL June 6, 1955

8 NAME OF FUNERAL DIRECTOR Maurice E. Kirk

ADDRESS Winthrop

Received and filed JUN 6 1955 19....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: Female

10 COLOR OR RACE: White

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

11a If married, widowed, or divorced
HUSBAND of....
(Give maiden name of wife in full)
(or) WIFE of Robert O Murphy
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 25 Years 0 Months 17 Days | If under 24 hours ....Hours....Minutes

14 Usual Occupation: Housewife
(Kind of work done during most of working life)

15 Industry or Business: at home

16 Social Security No....

17 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

18 NAME OF FATHER Joseph S Hayden

19 BIRTHPLACE OF FATHER (City) Somerville
(State or country) Mass

20 MAIDEN NAME OF MOTHER Mary Masterson

21 BIRTHPLACE OF MOTHER (City) Revere
(State or country) Mass.

22 Informant Robert O Murphy
(Address) 134 Circuit Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter O Baker
(Signature of Agent of Board of Health or other)

H.O. — at
(Official Designation)

6/6/55
(Date of Issue of Permit)

VB

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

I R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

does not mean of dying, such lure, asthenia, ns the disease, cations which h.

d conditions, ing rise to the e (a) stating lying cause

tions contrib- death but not he disease or causing death.

Chapter 137. 1954, requires ns to print or cause or causes h on death ces.

50M-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 124

1 PLACE OF DEATH
County: Suffolk
City or Town: Winthrop
No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Morris Paull
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 23 Trident Ave St. Winthrop.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 25 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 3 (Day), 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov., 1953, to June 3, 1955
I last saw him alive on June 2, 1955 death is said to have occurred on the date stated above, at 1:00 A.m.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Bronchopneumonia	4 days
ANTECEDENT CAUSES	Due To (b) Hypertension	7 yrs.
	Due To (c) Hemiparesis, Rt.	6 mos.
OTHER SIGNIFICANT CONDITIONS	Hypertrophied Prostate.	2 mos.

Major findings:
Of operations NONE
Date of operation NONE Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass. Date 6/3/ 1955

6 Montifiore Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 5 1955

7 NAME OF FUNERAL DIRECTOR Benjamin Bernbach
ADDRESS 10 Washington St. Dorchester

Received and filed JUN 6 1955 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of Mary Diner
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: Shoe Repairer (RETIRED)
(Kind of work done during most of working life)

14 Industry or Business: ~~Retired~~ Shoe Repairing

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Russia

PARENTS
17 NAME OF FATHER Joseph Paull
18 BIRTHPLACE OF FATHER (City) (State or country) Russia
19 MAIDEN NAME OF MOTHER Rose (cannot be learned)
20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Reuben Paull (Son)
(Address) 47 Douglas St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 6/3/55
(Official Designation) (Date of Issue of Permit)

V.B.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

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100M-10-53-910621

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Boston 7-5-55

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 125

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jacob King
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) N

(a) Residence. No. 10 Kiwa St. Dor St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 11 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 10 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from MAY 30, 1955 to June 10, 1955

I last saw him alive on June 10, 1955, death is said to have occurred on the date stated above, at 11:30 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Abscess of Gall Bladder	12 days
ANTECEDENT CAUSES Due To (b) Acute Cholecystitis	12 days
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Coronary Artery Heart Disease	5 yrs.

Major findings: Of operations Abscess of Gall Bladder.

Date of operation June 10, 1955 Was autopsy performed? no

What test confirmed diagnosis? Clinical and operative

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles Liberman M. D.

(Address) Winthrop, Mass Date June 10 1955

6 Pride of Boston — Woburn
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 12 1955

7 NAME OF FUNERAL DIRECTOR Aaron Golov

ADDRESS 1668 Beacon St. Brookline

Received and filed JUN 13 1955 19....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of Fannie Goldberg
(Give maiden name of wife in full)

(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Insurance Broker
(Kind of work done during most of working life)

14 Industry or Business: ~~For Himself~~ Insurance

15 Social Security No. 033-26-0908 A

16 BIRTHPLACE (City) (State or country) Russia

PARENTS

17 NAME OF FATHER Harris King

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Florence (C. B. L.)

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Grace F. King
(Address) 20 Pemberton Sq. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Barker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/11/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

1 R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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tions contrib- e death but not he disease or causing death.

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50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 126

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 176 Circuit Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joshua Remby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 176 Circuit Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 40 years ..... months ..... days. In place of residence 40 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 10 (Day), 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 1948, to June 10, 1955

I last saw him alive on 10 May, 1955, death is said to have occurred on the date stated above, at 10:15 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebro-vascular incident	6 wks
ANTECEDENT CAUSES Due To (b) Cerebral Arterio-sclerosis	yrs
Due To (c) Generalized Arterio-sclerosis	yrs
OTHER SIGNIFICANT CONDITIONS —	

Major findings: Of operations none

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur E. Murray, M. D.
(Address) Winthrop Date 11 Jun 1955

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 13, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop,

Received and filed JUN 13 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male
9 COLOR OR RACE: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of Minnie A. Douglas
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years 10 Months 24 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: retired executive
(Kind of work done during most of working life)

14 Industry or Business: Custom woodworking Mfg. Co.

15 Social Security No. none

16 BIRTHPLACE (City) West Dublin
(State or country) Nova Scotia

PARENTS

17 NAME OF FATHER John William Remby

18 BIRTHPLACE OF FATHER (City) London
(State or country) England

19 MAIDEN NAME OF MOTHER Sarah Ann Ronkey

20 BIRTHPLACE OF MOTHER (City) London
(State or country) England

21 Informant William E. Remby
(Address) Lynnfield Center, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mass. Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 6/13/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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RECEIVED
JUN 17 1946

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

In giving E OF DEATH

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te:- Chapter 137, of 1954, requires cians to print or he cause or causes eath on death icates.

50M-3-54-911667

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 127

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 58 Taft Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H Gilman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 58 Taft Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 50 years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 13 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 1947, to 13 Jun 1955
I last saw him alive on 13 Jun 1955, death is said to have occurred on the date stated above, at 6 P.M. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congestive Heart Failure	weeks
ANTECEDENT CAUSES Due To (b) Arteriosclerotic Heart Disease	years
Due To (c) Generalized Arteriosclerosis	years
OTHER SIGNIFICANT CONDITIONS Emphysema	15 yrs.

Major findings: Of operations —
Date of operation — Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Date 14 June 1955

6 Trinty / Holderness N.H.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 15 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Simonds
ADDRESS Winthrop Mass.

Received and filed JUN 16 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of Edith Deveau
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 8 Months 29 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Shoe Dealer
(Kind of work done during most of working life)

14 Industry or Business: Retail

15 Social Security No. None

16 BIRTHPLACE (City) Plymouth
(State or country) New Hampshire

PARENTS

17 NAME OF FATHER Pliny Gilman

18 BIRTHPLACE OF FATHER (City) Sanbornton
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Westminster
(State or country) Mass.

21 Informant George W Gilman
(Address) 40 5th Ave. New York City N Y

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G Baker
(Signature of Agent of Board of Health or other)
H.O.
(Official Designation) (Date of Issue of Permit) 6/14/55

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

ORM R-301A

NSTRUCTIONS FOR CAL CERTIFICATE

In giving SE OF DEATH

lo not enter ore than one use for each a), (b) and (c)

This does not mean ode of dying, such rt failure, asthenia, means the disease, mplications which death.

Morbid conditions, giving rise to the cause (a) stating nderlying cause

onditions contrib- o the death but not to the disease or on causing death.

Medford 7-8-56

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 128

1 PLACE OF DEATH
Suffolk (County)
Winthrop, Mass (City or Town)
No. Winthrop Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lemmi
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 9 Summer St N/Ewr St. Medford Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence ..... years..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 13 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 13, 1955, to June 13, 1955
I last saw her alive on June 13, 1955, death is said to have occurred on the date stated above, at 9 45 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Immaturity

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) Inadequate Placenta.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation ..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. Thomas Stoffin, M. D.
(Address) 21 Broad St Fall Date June 13 1955

6 Oak Grove Cemetery Med.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 14 1955

7 NAME OF FUNERAL DIRECTOR Hello Russo Fun. Home
ADDRESS 306 Main St. Medford

Received and filed JUN 16 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR OR RACE W
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) S-

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ..... Years ..... Months ..... Days
If under 24 hours 21 Hours 10 Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS
17 NAME OF FATHER Alexander F. Lemmi
18 BIRTHPLACE OF FATHER (City) Medford (State or country) Boston
19 MAIDEN NAME OF MOTHER Lucy M. De Mino
20 BIRTHPLACE OF MOTHER (City) Boston (State or country)

21 Informant Alexander Lemmi
(Address) Summer St. Medford

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Barker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 6/13/55

50M-2-49-25666

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4. Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

In giving E OF DEATH

not enter re than one se for each), (b) and (c)

is does not mean de of dying, such failure, asthenia, means the disease, plications which death.

rbid conditions, giving rise to the ause (a) stating derlying cause

nditions contrib- the death but not o the disease or n causing death.

te:- Chapter 137. of 1954, requires cians to print or he cause or causes eath on death cates.

50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 129

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Cliff Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah E (Brook) Sidebottom
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 125 Cliff Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 15 years months days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 13, (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1, 1955 to June 13, 1955

I last saw h ex alive on June 13, 1955 death is said to have occurred on the date stated above, at 7:30 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CEREBRAL HEMORRHAGE	2 wks
ANTECEDENT CAUSES Due To (b) ARTERIOSCLEROSIS	10 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS None.	

Major findings: Of operations None

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Clinical.

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop Mass Date 6/16/1955

6 Cedar Grove Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 16 1955

7 NAME OF FUNERAL DIRECTOR Howard Stymes

ADDRESS Winthrop Mass.

Received and filed JUN 16 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR OR RACE White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Walter Sidebottom
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 2 Months 4 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Rochdale
(State or country) England

PARENTS

17 NAME OF FATHER Thomas Brook

18 BIRTHPLACE OF FATHER (City)
(State or country) England

19 MAIDEN NAME OF MOTHER Alice Conder

20 BIRTHPLACE OF MOTHER (City)
(State or country) England

21 Informant Louise Paul
(Address) Woodland Rd. Northampton N.H

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker Jr.
(Signature of Agent of Board of Health or other)

Health Officer 6/16/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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RECEIVED

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

TRUCTIONS FOR
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50M-3-54-911667

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 130

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Comm. Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maude (Shorey) Wilson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 38 Enfield Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years ..months ..days. In place of residence 30 years ..months ..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 16, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 1945 to June 16, 1955
I last saw her alive on June 14, 1955 death is said to have occurred on the date stated above, at 9:05 P.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion	3 hrs
ANTECEDENT CAUSES Due To (b) Generalized arteriosclerosis	4 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations none
Date of operation ..... Was autopsy performed? ..
What test confirmed diagnosis? Clinical observation

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] M. D.
(Address) [illegible] Date [illegible] 19..

6 Place of Burial or Cremation Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL June 20 1955

7 NAME OF FUNERAL DIRECTOR Victoria A. Reynolds
ADDRESS 150 Winthrop St. Winthrop

Received and filed June 20, 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced HUSBAND of John A. Wilson
(Give maiden name of wife in full)
(or) WIFE of ..
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 6 Months 6 Days If under 24 hours ..Hours ..Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. 012-07-7339

16 BIRTHPLACE (City) East Wakefield
(State or country) New Hampshire

PARENTS
17 NAME OF FATHER Fred Shorey
18 BIRTHPLACE OF FATHER (City) East Wakefield
(State or country) New Hampshire
19 MAIDEN NAME OF MOTHER Georgiana Roberts
20 BIRTHPLACE OF MOTHER (City) Lowell
(State or country) New Hampshire

21 Informant Guy Y. Wilson
(Address) 38 Enfield Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Oakes
(Signature of Agent of Board of Health or other)
Health Officer 6/17/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

TRUCTIONS FOR L CERTIFICATE

n giving OF DEATH

not enter e than one e for each (b) and (c)

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bid conditions, iving rise to the use (a) stating erlying cause

ditions contrib- he death but not the disease or causing death.

X

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 131

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph P. Stevens
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 183 Pauline Street, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 2 days. In place of residence 6 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 19 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb, 1954, to June 19, 1955
I last saw him alive on June 19, 1955 death is said to have occurred on the date stated above, at 5:00 P.m.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Cerebral Hemorrhage	2 days
ANTECEDENT CAUSES	Due To (b) Hypertension	15 yrs
	Due To (c) Glomerulonephritis UREMIA	15 yrs 10 yrs.
OTHER SIGNIFICANT CONDITIONS	None.	

Major findings: Of operations None
Date of operation ..... Was autopsy performed? .....
What test confirmed diagnosis? Clinical.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Charles Liberman, M. D.
(Address) Winthrop, MASS Date 6/20/ 19 55

6 Mt. Benedict Cemetery, W. Roxbury
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 22nd 19 55

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed JUN 21 1955 19 .....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of Margaret E. Lang
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years 8 Months 12 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Steamship Clerk
(Kind of work done during most of working life)

14 Industry or Business: Steamship Co.

15 Social Security No. 025-03-7989

16 BIRTHPLACE (City) (State or country) Boston

PARENTS
17 NAME OF FATHER Edward J. Stevens
18 BIRTHPLACE OF FATHER (City) ..... (State or country) Ireland
19 MAIDEN NAME OF MOTHER Mary C. Hyland
20 BIRTHPLACE OF MOTHER (City) ..... (State or country) Ireland

21 Informant Mrs. Helen W. Ford-Step-dau.
(Address) 183 Pauline St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Fickes
(Signature of Agent of Board of Health or other)
Health Officer 6/20/55
(Official Designation) (Date of Issue of Permit)

100M-10-53-910621

M.C.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

JUN 2

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

n giving E OF DEATH

not enter re than one se for each , (b) and (c)

is does not mean le of dying, such failure, asthenia, neans the disease, plications which leath.

rbid conditions, giving rise to the use (a) stating derlying cause

nditions contrib- the death but not o the disease or n causing death.

e:- Chapter 137, of 1954, requires cians to print or he cause or causes eath on death cates.

50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 132

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nancy Bess (Gretter) Huggins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 62 Lowell Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 35 minutes years months days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 26 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June, 1955, to June 26, 1955
I last saw her alive on June 26, 1955, death is said to have occurred on the date stated above, at 10:35 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Massive atelectasis Right lung	1 hr
ANTECEDENT CAUSES (b) Due To Pulmonary embolus	1 hr
(c) Due To Fibrosis of lung	yrs
OTHER SIGNIFICANT CONDITIONS Irreversible medical shock	1 hr

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph Gregoire, M. D.
(Address) 199 Washington Ave Date 6-27 1955

6 Place of Burial or Cremation Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL June 29 1955

7 NAME OF FUNERAL DIRECTOR Victoria G. Reynolds
ADDRESS 180 Winthrop St.

Received and filed JUN 27 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Francis W. Huggins
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 44 Years 3 Months 8 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Waterbury
(State or country) Connecticut

PARENTS

17 NAME OF FATHER W. Plumer Gretter

18 BIRTHPLACE OF FATHER (City) Richmond
(State or country) Virginia

19 MAIDEN NAME OF MOTHER Bessie G. Goodwin

20 BIRTHPLACE OF MOTHER (City) Waterbury
(State or country) Connecticut

21 Informant Francis W. Huggins
(Address) 62 Lowell Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Hattie L. Baker
(Signature of Agent of Board of Health or other)
Clerk
(Official Designation) (Date of Issue of Permit) 6/27/55

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such ilure, asthenia, ans the disease, ications which ith.

id conditions, ing rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1544 133

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. ~~39 Grovers Ave.~~ (Mayflower Nursing Home) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude S. Hatch nee Branscom
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 70 Allen Ave St. Lynn
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 5 months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 27th (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 11, 1955, to June 27 1955
I last saw he alive on June 16 1955, death is said to have occurred on the date stated above, at 7 55 a.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Cerebral Hemorrhage	4½ Min
ANTECEDENT CAUSES Due To (b) Chronic Hypertensive Heart Disease	5-6 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis Prev. Cerebral Hemorrhage with Left Hemiplegia	5-6 yrs 2 yrs

Major findings: Of operations ..... Date of operation ..... Was autopsy performed? ..... What test confirmed diagnosis? .....

5 Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... (Signed) Frederick Owstrey M. D. (Address) 81 Walsh Ave Date June 27 1955

6 Pine Grove Place of Burial or ~~Cremation~~ Lynn (City or Town)
DATE OF BURIAL June 29. 1955

7 NAME OF FUNERAL DIRECTOR H. C. Goodrich
ADDRESS Lynn. Mass.

Received and filed JUN 28 1955 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female | 9 COLOR OR RACE White | 10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widow

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Herbert S. Hatch (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 3 Months 4 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: at home H (Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. none

16 BIRTHPLACE (City) Lynn (State or country) Mass.

PARENTS

17 NAME OF FATHER Branscom

18 BIRTHPLACE OF FATHER (City) Martha Vineyard (State or country) Mass

19 MAIDEN NAME OF MOTHER Elizabeth Perry

20 BIRTHPLACE OF MOTHER (City) Lynn (State or country) Mass

21 Informant Everett M. Miner (Address) 553 Eastern Ave. Lynn.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

[illegible] (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/27/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

RECEIVED
JUN 28

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

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id conditions, ving rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 134

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FELIX E. BERTRAND
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 60 Calumet St. Revere St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 1 days. In place of residence 61 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE (Month) 30 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JANUARY, 1954, to JUNE 30, 1955

I last saw him alive on JUNE 30, 1955, death is said to have occurred on the date stated above, at 2.40 A.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CORONARY OCCLUSION	16 DYS
ANTECEDENT CAUSES Due To (b) CORONARY SCLEROSIS	3 YRS
Due To (c) GENERALIZED ARTERIOSCLER	5 YRS
OTHER SIGNIFICANT CONDITIONS ACUTE MYOCARD. INSUF. BRONCHIAL PNEUMONIA	36 HRS 3 DYS

Major findings:
Of operations —

Date of operation — Was autopsy performed? NO

What test confirmed diagnosis? EKG - CLIN. OBSERVATION

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Harry J. Morgan, M. D.
(Address) 6 Beacon St. Revere Date June 30 1955

6 Calvary West Roxbury
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 2 1955

7 NAME OF FUNERAL DIRECTOR R. F. DeNeill
ADDRESS Revere

Received and filed JUL 5 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR OR RACE	10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
male	white	married

10a If married, widowed, or divorced
HUSBAND of Effie D Entremont
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Burner
(Kind of work done during most of working life)

14 Industry or Business: Navy Yard

15 Social Security No. 031-01-6950

16 BIRTHPLACE (City) Ontario
(State or country) Canada

PARENTS

17 NAME OF FATHER Felix Bertrand

18 BIRTHPLACE OF FATHER (City)
(State or country) Canada

19 MAIDEN NAME OF MOTHER Harriett Baron

20 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

21 Informant Effie Bertrand
(Address) 60 Calumet St. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

HO
(Official Designation)

7/1/55
(Date of Issue of Permit)

50M-3-53-909098

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal, or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws; Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-91062

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) 135

Registered No. 135

1 PLACE OF DEATH (County) Middlesex (City or Town) Cambridge

No. Mass General Hospital - Baker Memorial St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JESSIE L CLARK (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 71 Buchanan St. Winthrop, Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 15 days. In place of residence 5 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 18 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 5/3, 19..., to 5/18, 19 55

I last saw he alive on 5/18, 19 55 and death is said to have occurred on the date stated above, at 11:15 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) massive myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH -1day

ANTECEDENT CAUSES Due To (b) coronary heart disease — yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS Chronic thyroiditis — mos

Major findings: Of operations

Date of operation ....Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? ....

If so, specify

(Signed) C Clay, M. D.

(Address) MGH Date — — — 19

6 Milton Place of Burial or Cremation Milton, Mass (City or Town)

DATE OF BURIAL May 21 19 55

7 NAME OF FUNERAL DIRECTOR Saville, Inc.

ADDRESS Arlington, Mass

Received and filed JUL 12 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced HUSBAND of ....

(Give maiden name of wife in full)

(or) WIFE of Horace W Clark

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 5 Months 13 Days — If under 24 hours ....Hours....Minutes

13 Usual Occupation: Housewife

(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. - - -

16 BIRTHPLACE (City) Canning, (State or country) Nova Scotia

PARENTS

17 NAME OF FATHER Arthur W Corkhum

18 BIRTHPLACE OF FATHER (City) Chester, N.S. (State or country)

19 MAIDEN NAME OF MOTHER Emma L Parsons

20 BIRTHPLACE OF MOTHER (City) Walton, N.S. (State or country)

21 Informant Mrs Fred J Coffey (Address)

A TRUE COPY ATTEST: Charles H. Mackie

(Registrar of City or Town where death occurred)

DATE FILED May 23 19 55

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
JUL 12 AM

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910821

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH

Suffolk (County)

Boston (City or Town)

Mass. General Hospt. No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston (City or town making return)

Registered No. 5026 136

2 FULL NAME Elizabeth Sutkus
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 55 Crescent St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 24/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 11, 1955, to May 24, 1955

I last saw her alive on May 24, 1955, death is said to have occurred on the date stated above, at 3:45A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cholangiohepatitis — INTERVAL BETWEEN ONSET AND DEATH: 13 Days

ANTECEDENT CAUSES Due To (b) Choledocholithiasis — 5 Mos.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Nephrosclerosis

Major findings: Of operations

Date of operation ..... Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C L Clay M. D.

(Address) Mass. General Hospt. Date 3-24 1955

6 Bangor Maine Cem-Bangor Maine
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 26/55 19

7 NAME OF FUNERAL DIRECTOR F J Magrath

ADDRESS East Boston Mass.

Received and filed JUL 14 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: F

9 COLOR OR RACE: W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Joseph Sutkus
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: At Home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Lithuania
(State or country)

PARENTS

17 NAME OF FATHER Nik Arlauskas

18 BIRTHPLACE OF FATHER (City) Lithuania
(State or country)

19 MAIDEN NAME OF MOTHER Not known

20 BIRTHPLACE OF MOTHER (City) Lithuania
(State or country)

21 Informant
(Address) Anna Foster

A TRUE COPY ATTEST: Charles H. Mache
(Registrar of City or Town where death occurred)

DATE FILED May 26/55 19

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
JUL 1 8 AM

ORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5277 137

1 PLACE OF DEATH

SUFFOLK (County)

BOSTON (City or Town)

No. N E Deaconess Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

Sex

2 FULL NAME DANIEL POLIT
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 42 Moore St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 18 years ..... months ..... days.
15 hrs

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 1 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 5/31, 19..., to 6/1, 1955

I last saw him alive on 6/1, 19 55 death is said to have occurred on the date stated above, at 3:30 a. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral haemorrhage

INTERVAL BETWEEN ONSET AND DEATH -24hrs

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation ..... Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. Phillips M. D.
(Address) Hedh Date 6/1 19 55

6 Sharon Mem Park Sharon, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jun 2 1955

7 NAME OF FUNERAL DIRECTOR B Solomon

ADDRESS Brookline, Mass

Received and filed JUL 21 1955 19...

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE "

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Stella Swett
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years ..... Months ..... Days

If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Jobber
(Kind of work done during most of working life)

14 Industry or Business: Buttons

15 Social Security No. 014-12-0143

16 BIRTHPLACE (City) Boston, Mass
(State or country)

PARENTS

17 NAME OF FATHER Louis Polit

18 BIRTHPLACE OF FATHER (City)
(State or country) Russia

19 MAIDEN NAME OF MOTHER Dora Charak

20 BIRTHPLACE OF MOTHER (City) Boston, Mass
(State or country)

21 Informant Stella Polit
(Address)

A TRUE COPY
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Jun 3 1955

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

JUL 21 AM

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 5745 138

1 PLACE OF DEATH — (County) SUFFOLK BOSTON

(City or Town)

No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ABRAHAM KUHN (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 74 Locust St. Winthrop, Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 20 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 16 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 6/15, 19..., to 6/16, 19 55

I last saw him alive on 6/16, 1955, death is said to have occurred on the date stated above, at 7:50p. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma lung — INTERVAL BETWEEN ONSET AND DEATH ?1yr

ANTE CEDENT CAUSES Due To (b) .....

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS .....

Major findings: Of operations .....

Date of operation ..... Was autopsy performed? no

What test confirmed diagnosis? lab.

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) R F Grenier, M. D.

(Address) BIH Date 6/16 19 55

6 Place of Burial or Cremation Beth Israel Cem No. Reading, Mass (City or Town)

DATE OF BURIAL Jun 17 19 55

7 NAME OF FUNERAL DIRECTOR M Goldman

ADDRESS Malden, Mass

Received and filed AUG 3 1955 19...

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Bessie C Cadon (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 4 Months 13 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Jeweler (Kind of work done during most of working life)

14 Industry or Business: Self-employed

15 Social Security No. - - -

16 BIRTHPLACE (City) Rostov (State or country) Russia

PARENTS

17 NAME OF FATHER Mitchell Kuhn

18 BIRTHPLACE OF FATHER (City) ..... (State or country) Russia

19 MAIDEN NAME OF MOTHER Anna- - -

20 BIRTHPLACE OF MOTHER (City) ..... (State or country) Russia

21 Informant Bessie Kuhn (Address)

A TRUE COPY ATTEST: Charles H. Mackie (Registrar of City or Town where death occurred)

DATE FILED Jun 21 19 55

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

AUG-3 AM

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Registered No. 5424 139

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
Boston (City or town making return)
No. Peter Bent Brigham Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lewis S Leitch (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 26 Cliff Ave. St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years ..months 3 days. In place of residence 45 years ..months ..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 19/55 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 16 19 55, to June 19 19 55

I last saw h. im alive on June 19/55 19..., death is said to have occurred on the date stated above, at 7:10 P.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Endocarditis of aortic and pulmonic valve	6 Yrs
ANTECEDENT CAUSES Due To (b) Arterio sclerotic heart disease	Yrs
Due To (c)	

OTHER SIGNIFICANT CONDITIONS Pulmonary edema

Major findings: Of operations No

Date of operation ..... Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) V M Cass M. D.

(Address) Peter Bent Brigham Hospt Date 6-19-55

6 Winthrop Cem. Winthrop Mass. Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 22/55 19..

7 NAME OF FUNERAL DIRECTOR Alfred B Marsh

ADDRESS Winthrop Mass.

Received and filed AUG 5 1955 19..

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Katherine V McDonald (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 4 Months 8 Days | If under 24 hours ..Hours ..Minutes

13 Usual Occupation: Retired Dist. Mgr. (Kind of work done during most of working life)

14 Industry or Business: Bausch and Lamb Optical Co.

15 Social Security No. 029-05-6958A

16 BIRTHPLACE (City) (State or country) Scotland

PARENTS

17 NAME OF FATHER John Leitch

18 BIRTHPLACE OF FATHER (City) (State or country) Scotland

19 MAIDEN NAME OF MOTHER Elizabeth Douglas

20 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

21 Informant (Address) Mrs R V Atcherly

A TRUE COPY

ATTEST: .....
(Registrar of City or Town where death occurred)

DATE FILED June 22/55 19..

M.S.

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
AUG-5 AM

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH: Middlesex (County) — Lexington (City or Town) — Lexington (City or town making return)

Registered No. 140

No. Metropolitan State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emily Andrews (nee Cousens)
(If deceased was a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 42 Beal St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 21 years 0 months 10 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 23 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 4, 1954 to June 23, 1955

I last saw her alive on June 22, 1955, death is said to have occurred on the date stated above, at 6:15 A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES Due To (b) Arteriosclerotic heart disease — years

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations None
Date of operation ------ Was autopsy performed? NO
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) K. T. Dussik, M. D.
(Address) Met. State Hosp. Date 6/23/ 1955

6 Place of Burial or Cremation Westview (City or Town) Lexington
DATE OF BURIAL June 25, 1955

7 NAME OF FUNERAL DIRECTOR A. F. Douglass
ADDRESS 1944 Mass. Ave. Lexington

Received and filed JUL 15 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Harry C. Andrews (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years ? Months ? Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Cannot learn England

PARENTS

17 NAME OF FATHER Charles Cousens

18 BIRTHPLACE OF FATHER (City) (State or country) Cannot learn England

19 MAIDEN NAME OF MOTHER Elizabeth Fuller

20 BIRTHPLACE OF MOTHER (City) (State or country) Cannot learn England

21 Informant Records, Met. State Hospital
(Address) Waltham, Mass.

A TRUE COPY
ATTEST: James J. Carroll
(Registrar of City or Town where death occurred)

DATE FILED June 27, 1955

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
JUL 15 AM

M R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(c)-11-49-900.475

X

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTO

(City or town making return)

Registered No. 5989 141

1 PLACE OF DEATH

SUFFOLK (County) BOSTON (City or Town)

No. 818 Harrison Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gordon L Turner
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WW 2

(a) Residence. No. 431 Winthrop St St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 23, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute coronary insufficiency, precipitated by carbon monoxide while at work near gasoline eng. Accidental Boston.

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19.....

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury

While at work? Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Ford, M. D.

(Address) Date 6/24 1955

7 Winthrop Cem Winthrop Mass
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL June 27 1955

8 NAME OF FUNERAL DIRECTOR D Malcolm

ADDRESS Reading Mass

Received and filed AUG 9 19..

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male

10 COLOR OR RACE White

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced HUSBAND of Helen T Dolan
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 37 Years 2 Months 27 Days | If under 24 hours .....Hours.....Minutes

14 Usual Occupation: Boatman
(Kind of work done during most of working life)

15 Industry or Business: McKie Lighter Co.

16 Social Security No. 031-03-9376

17 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

18 NAME OF FATHER Leroy Turner

19 BIRTHPLACE OF FATHER (City) (State or country) Maine

20 MAIDEN NAME OF MOTHER Harriet Osgood

21 BIRTHPLACE OF MOTHER (City) (State or country) Maine

22 Informant (Address) Wife

A TRUE COPY.

ATTEST: Charles H. Mack
(Registrar of City or Town where death occurred)

DATE FILED June 27 1955

M.S.

V.S. ✓

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
AUG-9 AM

Jul 13, 1945

Dec 22, 1945

Pvt

U S Army 206th Bn 54th Regt Ft Devens
31502451

RM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 609 142

1 PLACE OF DEATH

SUFFOLK (County)

BOSTON (City or Town)

No. enroute to East Boston Relief Station (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH C LA MONICA
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 274 Bowdoin St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 25 (Day) 1955 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Crushed chest with multiple ruptures of thoracic viscera accidental

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury June 25 19 55

Where did Injury occur? Boston (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Public highway (Specify type of place)

Manner of Injury Operator of motor vehicle (How did injury occur?)

Nature of Injury which struck tree

While at work? ..... Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) M Luongo, M. D.

(Address) Boston Date 6/26 19 55

7 Place of Burial, or Cremation. Winthrop (City or Town) Winthrop, Mass

DATE OF BURIAL Jun 29 19 55

8 NAME OF FUNERAL DIRECTOR DiPietro & Vazza

ADDRESS E Boston, Mass

Received and filed AUG 10 1955 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M

10 COLOR OR RACE W

11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced
HUSBAND of Carmella Caldarella
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 55 Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

14 Usual Occupation: Chipper
(Kind of work done during most of working life)

15 Industry or Business: Ship Building

16 Social Security No. 032-07-1481

17 BIRTHPLACE (City) (State or country) Italy

PARENTS

18 NAME OF FATHER Salvatore LaMonica

19 BIRTHPLACE OF FATHER (City) (State or country) Italy

20 MAIDEN NAME OF MOTHER Agostina Lazzara

21 BIRTHPLACE OF MOTHER (City) (State or country) Italy

22 Informant Frances Paris
(Address)

A TRUE COPY.
ATTEST: Charles H. [illegible]
(Registrar of City or Town where death occurred)

DATE FILED Jun 30 19 55

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
AUG 10 AM

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 6031 143

1 PLACE OF DEATH

SUFFOLK
BOSTON (County)

(City or Town)

No. N E Center Hospital xx St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME KURT DOLGOFF
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 35 Nevada Ave., xx St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence ....years....months....days. 11½ hrs

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 27 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 6/26 1m, 19.. 6/27 to 6/27 55, 19.. 55

I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at 9:55a. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Retropharyngeal abscess

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) Otitis media

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS .....

Major findings: Of operations .....

Date of operation ..... Was autopsy performed? yes

What test confirmed diagnosis? .....

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) D. Donn, Jr. M.D.
(Address) Bos Floating Hsp Date 6/27 19 55

6 Seth Israel Everett, Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Jun 28 19 55

7 NAME OF FUNERAL DIRECTOR H J Torf
ADDRESS Chelsea, Mass

Received and filed AUG 9 19..
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ....Years 1 Months ....Days
If under 24 hours ....Hours ....Minutes

13 Usual Occupation: .....
(Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. .....

16 BIRTHPLACE (City) Winthrop, Mass
(State or country)

PARENTS

17 NAME OF FATHER Alfred Dolgoff

18 BIRTHPLACE OF FATHER (City) North Adams, Mass
(State or country)

19 MAIDEN NAME OF MOTHER Lorell Goldston

20 BIRTHPLACE OF MOTHER (City) Winthrop, Mass
(State or country)

21 Informant Alfred Dolgoff
(Address)

A TRUE COPY
ATTEST: [illegible] Inacke
(Registrar of City or Town where death occurred)

DATE FILED Jun 29 55

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

AUG-9 AM

RM R-301

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such ailure, asthenia, ans the disease, ications which ath.

oid conditions, ving rise to the se (a) stating erlying cause

itions contrib- e death but not the disease or causing death.

50M (A1-1-51 903586

Boston Aug 5 '55

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 144

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Angelo Boncore
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 163 Chelsea Street, E. Boston, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months....7....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 1 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 23, 1955, to June 23, 1955

I last saw h. in alive on June 23, 1955, death is said to have occurred on the date stated above, at 1:15 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Peripheral ~~arteriosclerotic~~ central vascular collapse

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES Due To (b) Cardiac Failure

Due To (c) Hypertension & Uremia

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....

Date of operation.....Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Leo P. Benecchi, M. D.
(Address) 557 Broadway Revere Date July 1, 1955

6 Woodlawn Cemetery Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 4, 1955

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St., E. Boston, Mass.

Received and filed JUL 5 1955 19.....
(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male

9 COLOR OR RACE white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced HUSBAND of Catina DiBillio
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 94 Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business: Trust Business V. R.

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER Charles Boncore

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER unknown

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant (Address) Joseph Boncore, 163 Chelsea St., E. Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/3/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

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id conditions, ving rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

- Chapter 137, 1954, requires ans to print or cause or causes ath on death ates.

50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 145

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 11 Girdlestone Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Kristina Olson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 11 Girdlestone Rd. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 10 years ... months ... days. In place of residence 10 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 3, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1954 to July 3, 1955

I last saw her alive on July 2, 1955, death is said to have occurred on the date stated above, at 4:30 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES Due To (b) Arterio sclerosis

Due To (c) Chronic myocardeitis — 1 yr.

OTHER SIGNIFICANT CONDITIONS Congenital deformity left hip

Major findings: Of operations

Date of operation ... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. N. Caplan M. D.
(Address) Boston City Hosp. Date 7-5-55 19

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 6 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed JUL 6 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Gustaf A Olson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 1 Months 8 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Unable to obtain
(State or country) Sweden

PARENTS

17 NAME OF FATHER Knute Peterson

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Sweden

19 MAIDEN NAME OF MOTHER Anna Anderson

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Sweden

21 Informant Bertha Olson
(Address) 11 Girdlestone Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G Baker
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

7/6/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

RECEIVED

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons who, they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

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50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 146

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gerald Lee Rebsamen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 74 Atlantic Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years..months 14 days. In place of residence ..years 8 months ..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 4 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1, 1955 to July 4, 1955
I last saw him alive on July 3, 1955, death is said to have occurred on the date stated above, at 2:25 A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia (Terminal) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Due To (b) acute Lymphatic Leukemia — 6 weeks

Due To (c)

OTHER SIGNIFICANT CONDITIONS Anemia (Severe)

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis? Lab tests

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph Lhegance, M. D.
(Address) 194 Washington Ave. Date 7-4 1955

6 Winthrop (Place of Burial or Cremation) Winthrop (City or Town)
DATE OF BURIAL July 5 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed JUL 5 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 8 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Elmo S Rebsamen

18 BIRTHPLACE OF FATHER (City) Fort Smith
(State or country) Arkansas

19 MAIDEN NAME OF MOTHER Grace N Bonaccorso

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

21 Informant Elmo S Rebsamen
(Address) 74 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E Baker
(Signature of Agent of Board of Health or other)

HO, Ch
(Official Designation) (Date of Issue of Permit) July 5/55

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Registered No. 959 147

1 PLACE OF DEATH: Middlesex (County) — Cambridge (City or Town) — Cambridge (City or town making return)

No. Mount Auburn Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charlotte Benson (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 18 Bartlett Park Railway St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 10 days. In place of residence 8 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 5, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 28, 1955, to July 5, 1955, I last saw her alive on July 5, 1955, death is said to have occurred on the date stated above, at 2:15 m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 24hrs

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation 1954 Was autopsy performed? Yes

What test confirmed diagnosis? Biopsy & Autopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Flynn, M. D.

(Address) 520 Cambridge Ave. Date 7/5 1955

6 Woodlawn Everett (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL July 8, 1955 19

7 NAME OF FUNERAL DIRECTOR Wendell M. Dickeman

ADDRESS 23 Cary Ave., Chelsea

Received and filed Aug. 1 - 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Walter C. Benson (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years ....Months....Days — If under 24 hours ....Hours....Minutes

13 Usual Occupation: Bookkeeper (Kind of work done during most of working life)

14 Industry or Business: Walter C. Benson, Inc.

15 Social Security No. 021-18-6867

16 BIRTHPLACE (City) Chelsea (State or country) Mass.

PARENTS

17 NAME OF FATHER Charles MacPhee

18 BIRTHPLACE OF FATHER (City) (State or country) Prince Edward Island

19 MAIDEN NAME OF MOTHER Margaret Johnson

20 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

21 Informant Walter C. Benson (Address) 18 Bartlett Railway

A TRUE COPY ATTEST: Frederick H. Rourke (Registrar of City or Town where death occurred)

DATE FILED July 7, 1955 19

V.B.V

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
AUG-1 AM

RM R-303 A

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 148

PLACE OF DEATH

1 (County) Suffolk
(City or Town) Winthrop
No. Waters of Winthrop — Wynnell Beach St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Winifred K. Burn
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 888 Shirley St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 34 years ....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 5 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

ACUTE CORONARY INSUFFICIENCY
ASPHYXIA DUE TO DROWNING

5 Accident, suicide, or homicide (specify) accidental
Date and hour of injury 7/5 1955
Where did Injury occur? Winthrop
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? Bathing Beach
(Specify type of place)
Manner of Injury Drowning following
(How did injury occur?)
Nature of Injury acute coronary insufficiency
While at work? ....Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) Thurlow C. Georgo, M. D.
(Address) 25 Shattuck St. Date 7/5 1955

7 ~~XXXXXXX~~ Woodlawn Crematory Everett Mass.
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL July 7 1955

8 NAME OF FUNERAL DIRECTOR Alfred B. March
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed July 7, 1955
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: female
10 COLOR OR RACE: white
11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

11a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of Edwin Rankin Burn
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 76 Years 10 Months 18 Days | If under 24 hours ....Hours....Minutes

14 Usual Occupation: Housewife
(Kind of work done during most of working life)

15 Industry or Business: Own home

16 Social Security No. none

17 BIRTHPLACE (City) Wallsea
(State or country) England

PARENTS

18 NAME OF FATHER Thomas Riding ~~unable to obtain~~

19 BIRTHPLACE OF FATHER (City) ....
(State or country) england

20 MAIDEN NAME OF MOTHER unable to obtain

21 BIRTHPLACE OF MOTHER (City) ....
(State or country) England

22 Informant Edward R. Burn
(Address) 52 Fuller St. Waban, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

7/6/55
(Date of Issue of Permit)

W.S.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician of officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ...— General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

1 R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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Chapter 137, 954, requires ns to print or ause or causes h on death es.

50M-3-54-911867

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 149

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 146 Somerset Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Benjamin Alden Delano
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 146 Somerset Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 50 years ... months ... days. In place of residence 50 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 7 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from September 51, to 7 July, 1955
I last saw him alive on 7 July, 1955, death is said to have occurred on the date stated above, at 5:15 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion	minutes
ANTECEDENT CAUSES Due To (b) Arteriosclerotic Heart Disease	Years
Due To (c) Generalized Arteriosclerosis	Years
OTHER SIGNIFICANT CONDITIONS —	—

Major findings: Of operations —
Date of operation — Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray, M. D.
(Address) Winthrop Date 8 July 1955

6 Mayflower Cemetery (Place of Burial or Cremation) Duxbury, Mass. (City or Town)
DATE OF BURIAL July 11, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUL 8 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
9 COLOR OR RACE white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Zora Nute
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 8 Months 13 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Treasurer
(Kind of work done during most of working life)

14 Industry or Business: East Boston Savings Bank

15 Social Security No. 019-12-0105-A.

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

17 NAME OF FATHER Henry Mudge Delano

18 BIRTHPLACE OF FATHER (City) Duxbury
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Sarah Elizabeth Pigeon

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

21 Informant Mrs. Benjamin A. Delano
(Address) 146 Somerset Avenue, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
HO AHC 7/8/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

JUL 8 RECEIVED

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such failure, asthenia, means the disease, lications which ath.

bid conditions, ving rise to the ase (a) stating erlying cause

litions contrib- he death but not the disease or causing death.

50M (8)-12-49-900722

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 150

1 PLACE OF DEATH
Suffolk (County) Boston 8-3-55
Winthrop (City or Town)
No. 28 Trident Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph KORSUN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) W. W. 1

(a) Residence. No. 35 Woodhaven St. Mattapan
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death . years . months 22 days. In place of residence 40 years . months . days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 7 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19 ....., to ....., 19 .....

I last saw h... alive on ....., 19 ....., death is said to have occurred on the date stated above, at ... m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) [redacted]
Death Presumably

ANTECEDENT CAUSES Due To (b) Due to acute myocardial infarction

Due To (c) Death was said to have occurred at 8:10 P.M. July 7, 1955. Winthrop Board of Health.

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass. Date 7/7/1955

6 Jewish Peoples Cemetery, Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 8, 1955 19

7 NAME OF FUNERAL DIRECTOR B. SCHLOSSBERG & SONS
ADDRESS 1257 Blue Hill Ave., Matt.

Received and filed JUL 8 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR OR RACE White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Ethel Masterman
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years ..... Months ..... Days | If under 24 hours Hours . Minutes

13 Usual Occupation: Operator
(Kind of work done during most of working life)

14 Industry or Business: Cap factory

15 Social Security No. 029-01-3985

16 BIRTHPLACE (City) (State or country) Russia

PARENTS

17 NAME OF FATHER Hyman Korsun

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Ida c.n.b.l.

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Ethel Korsun
(Address) 35 Woodhaven St., Matt.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O. July 8, 55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE October 4,1917

DATE OF DISCHARGE June 3,1919

RANK, RATING Pvt. 1'st Class

ORGANIZATION AND OUTFIT 2'nd B.& S.Det.Demob. .Group

SERVICE NUMBER 2389586

JUL-8

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Registered No. 151

1 PLACE OF DEATH: Middlesex (County) — Lexington (City or Town) — Lexington (City or town making return)

No. Metropolitan State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Denning, William J.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 35 Birch Road St. X (If not in a city, give name of town) Winthrop Mass. (State)
(Usual place of abode)

Length of stay: In place of death 24 years 8 months 12 days. In place of residence 10 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 11 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from December 1, 1948 to July 10, 1955
I last saw him alive on July 10, 1955, death is said to have occurred on the date stated above, at 6:10 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute cholangeitis	1 week
ANTECEDENT CAUSES Due To (b) Acute cholecystitis	1 month
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Cirrhosis of liver	?

Major findings: Of operations None
Date of operation —— Was autopsy performed? NO
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Sol Sherman M. D.
(Address) Met. State Hosp. Date 7/11/ 1955

6 Place of Burial or Cremation Holy Cross Cem. Malden (City or Town)
DATE OF BURIAL July 14, 1955

7 NAME OF FUNERAL DIRECTOR F. J. McGlinchey
ADDRESS 583 Broadway, Chelsea

Received and filed AUG 8 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Divorced

10a If married, widowed, or divorced
HUSBAND of Gertrude Sealy (Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 1 Months 22 Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Laborer (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country) Massachusetts

PARENTS

17 NAME OF FATHER Patrick Denning

18 BIRTHPLACE OF FATHER (City) Cannot learn (State or country) Ireland

19 MAIDEN NAME OF MOTHER Annie O'Hagen

20 BIRTHPLACE OF MOTHER (City) New Brunswick (State or country) Canada

21 Informant Records, Met. State Hospital
(Address) Waltham, Mass.

A TRUE COPY
ATTEST: James J. Carroll
(Registrar of City or Town where death occurred)

DATE FILED July 14, 1955

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

AUG-8 AM

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

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id conditions, ing rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

Chapter 137, 1954, requires ns to print or cause or causes th on death tes.

50M-3-54-911887

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 152

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 23 Center R2 Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clarice May (Clayton) Tsatsos
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 23 Center R2 Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 60 years months days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY (Month) 11, (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from MAY 15, 1955 to JULY 11, 1955
I last saw her alive on JULY 11, 1955, death is said to have occurred on the date stated above, at 7:45A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) CORONARY THROMBOSIS	1 HOUR
ANTECEDENT CAUSES Due To (b) CHRONIC MYOCARDITIS + DECOMPENSATION	3 MO.
Due To (c) ARTERIOSCLEROSIS	—
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. M. Caplan, M. D.
(Address) 8 Princeton St CB Date 7-11- 1955

6 Winthrop Cemetery Winthrop Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 14 1955 1955

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS Winthrop 52, Mass.

Received and filed JUL 12 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female | 9 COLOR OR RACE white | 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Nickolas C. Tsatsos
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 2 Months 2 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Elevator Operator
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 029 10 6690

16 BIRTHPLACE (City) (State or country) Manchester, England

PARENTS
17 NAME OF FATHER Samuel Clayton
18 BIRTHPLACE OF FATHER (City) England (State or country)
19 MAIDEN NAME OF MOTHER Ann Heaton
20 BIRTHPLACE OF MOTHER (City) England (State or country)

21 Informant Clarice Burton (DAUGHTER)
(Address) 23 Center St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Dakey
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 7/12/55

V.I.V.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

JUL 12 PM

OFFICE OF TOWN CLERK WINTHROP, MASS.

RECEIVED

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

does not mean of dying, such ilure, asthenia, ans the disease, cations which th.

id conditions, ing rise to the e (a) stating rlying cause

tions contrib- e death but not he disease or causing death.

Chapter 137, 1954, requires ns to print or cause or causes h on death es.

50M-3-54-911667

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 153

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town) Winthrop
No. 181 Shore Drive St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dr. Samuel Bornstein (Bornstein)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 181 Shore Drive St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 35 years ... months ... days. In place of residence 35 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 20 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from MARCH, 1954, to July 20, 1955
I last saw him alive on July 20, 1955 death is said to have occurred on the date stated above, at 2:00 A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute Myocardial Infarction	1 hour
ANTECEDENT CAUSES Due To (b) Hypertensive-Coronary Artery Heart Disease	2yrs.
Due To (c)	

OTHER SIGNIFICANT CONDITIONS None.

Major findings: Of operations None.
Date of operation ... Was autopsy performed? No
What test confirmed diagnosis? Clinical.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass. Date July 20, 1955

6 Mishkan Tefila Mem Pk W Roxbury
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 21, 1955

7 NAME OF FUNERAL DIRECTOR Henry Levine
ADDRESS 470 Harvard St Brookline

Received and filed JUL 21 1955, 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male | 9 COLOR OR RACE white | 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Anne Flanzbaum
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 6 Months 24 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: dress designer
(Kind of work done during most of working life)

14 Industry or Business: ladies wear

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

PARENTS

17 NAME OF FATHER Pesach Bornstein

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER ~~Miriam~~ (Unknown) Leah Bornstein (Cir)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Anne Bornstein
(Address) 181 Shore Dr Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Gaffney
(Signature of Agent of Board of Health or other)
Clerk
(Official Designation) (Date of Issue of Permit) 7-21-55

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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TOWN OF
JUL 21 AM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301A

NSTRUCTIONS FOR CAL CERTIFICATE

In giving SE OF DEATH

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his does not mean ode of dying, such t failure, asthenia, means the disease, nplications which death.

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te:- Chapter 137. of 1954, requires icians to print or the cause or causes death on death ficates.

50M-3-54-911667

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 154

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 41 Emerson Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Archibald John Dalzell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) W.W. 1

(a) Residence. No. 41 Emerson Rd. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 30 years ... months ... days. In place of residence 30 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 30 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw h— alive on —, 19..., death is said to have occurred on the date stated above, at 7:15 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes	—
ANTECEDENT CAUSES Due To (b) Presumably Coronary Occlusion	—
Due To (c) —	—
OTHER SIGNIFICANT CONDITIONS —	—

Major findings: Of operations Esophageal Ulcer

Date of operation March 1955 Was autopsy performed? No

What test confirmed diagnosis? Operation

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur C. Murray, M. D.
(Address) Winthrop Board of Health Date 30 July 1955

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Aug. 2, 1955

7 NAME OF FUNERAL DIRECTOR Howard J. Keyes
ADDRESS 180 Winthrop St (7-13)

Received and filed AUG 2 1955 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Susan Waters
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 1 Months 13 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Guard
(Kind of work done during most of working life)

14 Industry or Business: Bank

15 Social Security No. 020- 12-2309

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

17 NAME OF FATHER Archibald S Dalzell

18 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Ellen Bradley

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

21 Informant Susan Dalzell
(Address) 41 Emerson Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Parker
(Signature of Agent of Board of Health or other)
Health Clerk
(Official Designation) (Date of Issue of Permit) 8/1/55

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION Archibald J Dalzell

DATE OF ENTERING MILITARY SERVICE Dec. 11, 1917

DATE OF DISCHARGE Sept 30. 1921

RANK, RATING Yeo. 3c

ORGANIZATION AND OUTFIT U S Navy

SERVICE NUMBER 130-12-40

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 155

1 PLACE OF DEATH
Pinellas (County)
Indian Rocks Beach Florida (City or Town)
No. 19510 Gulf Boulevard (on beach) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ANNIE Baillie Cate (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 15 Faun Bar Ave. St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH	PERSONAL AND STATISTICAL PARTICULARS
3 DATE OF DEATH March 15 1955 (Month) (Day) (Year)	8 SEX / 9 COLOR OR RACE / 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

4 I HEREBY ... den name of wife in full)

I last saw h... band's name in full)

have occurred on ... re.

DISEASE OR CO... DIRECTLY LEA... TO DEATH (a) ... Days | If under 24 hours .....Hours.....Minutes

ANTE CEDENT CAUSES Due To (b) ... done during most of working life)

Due To (c) ...

OTHER SIGNIFICANT CONDITIONS ...

Major findings: Of operations...

Date of operation...

What test confirme...

5 Was disease or inj...
If so, specify...
(Signed)...
(Address)...

6 ...
Place of Burial ...
DATE OF BUR...

7 NAME OF FUNERAL DIR...
ADDRESS...

(Registrar of City or Town where death occurred)

Received and filed AUG 26 1955 19...

(Registrar of City or Town where deceased resided)

DATE FILED ...19...

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

NON RESIDENT

STATE FILE NO. 11633

BIRTH NO. ... REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY Pinellas — CODE NO. 62-XX
b. CITY OR TOWN (If outside corporate limits, write RURAL) Indian Rocks Beach — c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 19510 Gulf Boulevard (On beach) RR-20
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before entering institution.) a. STATE Massachusetts b. COUNTY Suffolk
c. CITY OR TOWN (If outside corporate limits, write RURAL) Winthrop
d. STREET ADDRESS (If rural, give location) 15 FaunBar Avenue
3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Baillie c. (Last) Cate
4. DATE OF DEATH (Month) (Day) (Year) March 15, 1955
5. SEX Female 2 — 6. COLOR OR RACE White — 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH December 15, 1886
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Days Months — IF UNDER 24 HRS Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker — 10b. KIND OF BUSINESS OR INDUSTRY Own Home — 11. BIRTHPLACE (State or foreign country) Dublin, Ireland 50 — 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Baillie — 14. MOTHER'S MAIDEN NAME (Unknown) (Eugene T. Cate)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. None — 17. INFORMANT'S SIGNATURE Eugene T. Cate ADDRESS 15 FaunBar Ave., Winthrop, Mass.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201-26

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Probably) (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY OR TOWN) (If rural, state RURAL) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19..., to ——, 19..., that I last saw the deceased alive on 3/15, 1955, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) J. Morton M.D. — 23b. ADDRESS Dunedin, Florida — 23c. DATE SIGNED 3/16/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 24b. DATE 3-20-55 — 24c. NAME OF CEMETERY OR CREMATORY Unknown — 24d. LOCATION (City, town, or county) (State) Winthrop Massachusetts

DATE REC'D BY LOCAL REG. 3-16-1955 — REGISTRAR'S SIGNATURE Ella Vaudson — 25. FUNERAL DIRECTOR'S SIGNATURE Robert R Manuel — ADDRESS Ross Funeral Home Dunedin, Florida

ORM R-302

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Waltham
(City or town making return)

Registered No. 361 156

1 PLACE OF DEATH
Middlesex (County)
Waltham (City or Town)
No. Walter E. Fernald State School St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel J. Danahy
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 53 Thornton park St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 2, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 22, 1955 to July 2, 1955
I last saw him alive on July 1, 1955, death is said to have occurred on the date stated above, at 12:25am m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia	3ds.
ANTE CEDENT CAUSES (b) Due To	
(c) Due To	
OTHER SIGNIFICANT CONDITIONS Mental deficiency	life

Major findings:
Of operations.....
Date of operation.....Was autopsy performed? no
What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) H. F. Penfold M.D.
(Address) Waverley, Mass. Date 7-7 1955

6 Place of Burial or Cremation Holy Cross cem., Malden (City or Town)
DATE OF BURIAL July 4 1955

7 NAME OF FUNERAL DIRECTOR J. J. Curnnane
ADDRESS Everett, Mass.

Received and filed AUG 17 1955 19.....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
9 COLOR OR RACE white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years 3 Months 13 Days
If under 24 hours .....Hours.....Minutes

13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City) Everett
(State or country) Mass.

PARENTS

17 NAME OF FATHER Jeremiah Danahy

18 BIRTHPLACE OF FATHER (City).....
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Margaret Howard

20 BIRTHPLACE OF MOTHER (City).....
(State or country) Ireland

21 Informant WEF School
(Address) Waverly, Mass.

A TRUE COPY
ATTEST: K. J. Lanagan
(Registrar of City or Town where death occurred)

DATE FILED July 11 1955

RECEIVED
AUG 1

ORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Revere (City or town making return)

Registered No. 157

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. Grover Manor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Rev.~~ Ralph Moore Harper
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 231 Bowdoin St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years 5 months ....days. In place of residence 40 years ....months ....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 4, (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept., 1954, to July 4, 1955

I last saw him alive on July 1, 1955, death is said to have occurred on the date stated above, at 12:35 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral Arteriosclerosis	yrs
ANTECEDENT CAUSES Due To (b) Generalized Arteriosclerosis	yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Fracture left hip	7 mo.

Major findings: Of operations Hip nailing
Date of operation Dec 4, 1954 Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Date 7/5/ 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL July 6 1955

7 NAME OF FUNERAL DIRECTOR Howard Reynolds
ADDRESS Winthrop, Mass.

Received and filed AUG 12 1955 19....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of Elsie C. Wulborn
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 5 Months 28 Days — If under 24 hours ....Hours ....Minutes

13 Usual Occupation: Clergyman
(Kind of work done during most of working life)

14 Industry or Business: Episcopal Church

15 Social Security No. None

16 BIRTHPLACE (City) Kingston
(State or country) North Carolina

PARENTS

17 NAME OF FATHER James Harper

18 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country)

19 MAIDEN NAME OF MOTHER Claudia (Cannot be learned)

20 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country)

21 Informant Rev. John C. Harper
(Address) Foxboro, Mass.

A TRUE COPY
ATTEST: [signature]
(Registrar of City or Town where death occurred)

DATE FILED July 6 1955

m.S.

RECEIVED

OFFICE OF TOWN
WINTHROP, MASS.

AUG12 AM

RM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 6353 158

1 PLACE OF DEATH

SUFFOLK (County)

BOSTON (City or Town)

No. 818 Harrison Ave. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BARNET LEIBOVITZ (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 18 Cross St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 6 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Arteriosclerotic heart disease

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did Injury occur?..... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? ..... (Specify type of place)

Manner of Injury ..... (How did injury occur?)

Nature of Injury .....

While at work? .....Was autopsy performed? .....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) R. Ford, M. D.

(Address) .....Date 7/7 19 55

7 Ohel Jacob Cem Woburn, Mass
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Jul 7 19 55

8 NAME OF FUNERAL DIRECTOR A Golov

ADDRESS Brookline, Mass

Received and filed AUG 16 1955 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M

10 COLOR OR RACE W

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced
HUSBAND of Mae Solomon
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 60 Years .....Months.....Days | If under 24 hours .....Hours.....Minutes

14 Usual Occupation: Laundry proprietor
(Kind of work done during most of working life)

15 Industry or Business: Royal White Laundry

16 Social Security No. 024-05-7764

17 BIRTHPLACE (City) (State or country) Russia

PARENTS

18 NAME OF FATHER Max Leibovitz

19 BIRTHPLACE OF FATHER (City) (State or country) Russia

20 MAIDEN NAME OF MOTHER Riva Boyarsky

21 BIRTHPLACE OF MOTHER (City) (State or country) Russia

22 Informant Son
(Address)

A TRUE COPY. ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Jul 11 1955

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP
AUG 15

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 698 (55)

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. V A Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN J COLLINS (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) WW I

(a) Residence. No. 75 Buchanan St. Winthrop, Mass (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death ....years....months 17 days. In place of residence 33 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 27 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That VA attended deceased from 7/10, 19..., to 7/27, 19 55

I last saw h alive on ..., 19..., death is said to have occurred on the date stated above, at 2:00p. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Repeated cerebral vascular accidents	2days
ANTECEDENT CAUSES Due To (b) Fracture right hip on 7/10/55-accidental at home	
Due To (c) Diabetes mellitus	years
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation ... Was autopsy performed? no
What test confirmed diagnosis? clin. records

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R Dennos M. D.
(Address) VAH Date 7/27 19 55

6 Place of Burial or Cremation: Winthrop (City or Town) Winthrop, Mass
DATE OF BURIAL Jul 30 19 55

7 NAME OF FUNERAL DIRECTOR F P Caggiano & Son
ADDRESS Winthrop, Mass

Received and filed SEP 6 1955 19....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR OR RACE	10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
M	W	Married

10a If married, widowed, or divorced
HUSBAND of Eileen Holleran (Give maiden name of wife in full)
(or) WIFE of ... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 8 Months 28 Days | If under 24 hours ....Hours....Minutes

13 Usual Occupation: Clerk (Kind of work done during most of working life)

14 Industry or Business: U S Army Base

15 Social Security No. - - -

16 BIRTHPLACE (City) Boston, Mass (State or country)

PARENTS

17 NAME OF FATHER Cornelius Collins

18 BIRTHPLACE OF FATHER (City) ... (State or country) Ireland

19 MAIDEN NAME OF MOTHER Catherine Murphy

20 BIRTHPLACE OF MOTHER (City) ... (State or country) Ireland

21 Informant ... (Address)

TRUE COPY
ATTEST: Charles H. Inacki (Registrar of City or Town where death occurred)

DATE FILED Jul 29 19 55

V.A.V

DATE OF ENTERING MILITARY SERVICE - 6/23/16

" " DISCHARGE 4/28/19

RANK, RATING Sgt.

ORGANIZATION & OUTFIT - Co A 101 U S Army

SERVICE NUMBER 59631

RECEIVED
OFFICE OF TOWN CLERK

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910821

Medical Examiner Declined Jurisdiction

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) Boston

Registered No. 701460

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Boston; No. Peter Bent Brigham Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Mooney (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 169 Pauline St (Usual place of abode) St. Winthrop Mass. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

7½ Hs

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 27/55 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 27, 1955, to July 27, 1955

I last saw him alive on July 27, 1955, death is said to have occurred on the date stated above, at 10:25A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Gastro intestinal hemorrhage

ANTE CEDENT CAUSES Due To (b) Esophageal varices

Due To (c) Alcoholic cirrhosis

INTERVAL BETWEEN ONSET AND DEATH: Term. Mos. Yrs

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations None

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) V. M. Cass M. D.

(Address) Peter Bent Brigham Hospt Date 7-27-55

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL July 30/55 19..

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS Winthrop Mass.

Received and filed SEP 7 1955 19..

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR OR RACE: W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Gladys Hale (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years.....Months.....Days. If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Watchman (Kind of work done during most of working life)

14 Industry or Business: (Steamships)

15 Social Security No. .....

16 BIRTHPLACE (City) Cambridge (State or country) Mass.

PARENTS

17 NAME OF FATHER Hugh Mooney

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Bridget McCormick

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant (Address) Mrs C Mooney

A TRUE COPY ATTEST: Charles A. Mackie (Registrar of City or Town where death occurred)

DATE FILED August 1/55 19..

V.I.V

RECEIVED
OFFICE OF TOWN
SEP-7

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such ailure, asthenia, eans the disease, ications which ath.

bid conditions, ving rise to the se (a) stating erlying cause

litions contrib- se death but not the disease or causing death.

100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 161

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 91 Locust Street, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John W. Fothergill
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 91 Locust Street, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 10 years ..... months ..... days. In place of residence 10 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 1 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 1953, 19..., to May 11, 1955

I last saw h.. alive on August 1, 1955, death is said to have occurred on the date stated above, at 7:00 p.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage	20 min
ANTECEDENT CAUSES Due To (b) arteriosclerosis generalized.	yrs
Due To (c) Hypertension essential	yrs
OTHER SIGNIFICANT CONDITIONS old hemiplegia	yrs.

Major findings:
Of operations.....
Date of operation..... Was autopsy performed?.....
What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) [illegible] M. D.
(Address) 119 Washington St. Date Aug 2 1955

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 4th 1955

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed AUG 3 1955 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of Mary B. Hanson
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 0 Months 0 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Night watchman
(Kind of work done during most of working life)

14 Industry or Business: Tidewater Corp.

15 Social Security No. 025-18-8139A

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS
17 NAME OF FATHER William Fothergill
18 BIRTHPLACE OF FATHER (City).....
(State or country) Ireland
19 MAIDEN NAME OF MOTHER Bridget Gormley
20 BIRTHPLACE OF MOTHER (City).....
(State or country) P. E. I.

21 Informant Mrs. Alice DePalma-daughter
(Address) 91 Locust Street, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Garvey
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 8/2/55

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

AUG 6 1946

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one e for each (b) and (c)

does not mean of dying, such ailure, asthenia, ans the disease, fications which ath.

rbid conditions, ing rise to the se (a) stating rlying cause

ditions contrib- e death but not the disease or causing death.

50M-(A)-11-51-905807

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 162

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 53 Bates Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stephen F. Quinn (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 53 Bates Ave St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 40 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug (Month) 1 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to did not attend, 19....

I last saw h. alive on ....., 19....., death is said to have occurred on the date stated above, at 7 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES Due To (b)

Due To (c) Signed for Dr. A. C. Murray

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations Carcinoma of Brain

Date of operation ..... Was autopsy performed? no

What test confirmed diagnosis? Operation & Laboratory Findings

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Daniel J. Doherty M. D.

(Address) Winthrop Aug 4 1955

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Aug 4 1955

7 NAME OF FUNERAL DIRECTOR Maurice W. Bixby

ADDRESS Winthrop

Received and filed AUG 1955 19....

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR OR RACE White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Bridget F. Hurley (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here. No

12 AGE 72 Years ....Months ....Days If under 24 hours ....Hours ....Minutes

13 Usual Occupation: Engineer (Kind of work done during most of working life)

14 Industry or Business: Rail Road

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Ireland

PARENTS

17 NAME OF FATHER Thomas Quinn

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Margaret Conway

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Bridget Quinn (Address) 53 Bates Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Parker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) Aug 4 1955 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during bis last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, tbe disease of which he died, defined as required by section one, where same was contracted, the duration ot his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, he deemed to have taken place between February fourteenth, eigbteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a buman body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town wbere the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to anotber in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an originàl interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a pbysician who is a member of the board of health, or employed by it or by the selectmen for the purpose, sball upon application make thc certificate required of the attending pbysician. If death is caused hy violence, the medical examiner shall make such certificate. If sucb a permit for the removal of a human body, not previously interred, from one town to another within the commonwealtb cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body sball be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of tbe United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to tbe clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes tbereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deatbs only as tbose of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose pbysician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deatbs following abortion, hut also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative bealthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If tbe occupation had been given up or changed or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was tbat of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

AUG 1 1 1 M

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RM R-301A

STRUCTIONS FOR AL CERTIFICATE

In giving E OF DEATH

not enter re than one se for each), (b) and (c)

is does not mean de of dying, such failure, asthenia, means the disease, plications which death.

rbid conditions, giving rise to the ause (a) stating nderlying cause

nditions contrib- the death but not to the disease or n causing death.

50M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 163

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. ~~104 Highland Avenue~~ Mount Sowa Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Henry Kimball
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) Spanish War Vet

(a) Residence. (Usual place of abode) No. 44 Cliff Avenue St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 7 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 2, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 6, 1950, to 8/2, 1955

I last saw him alive on 7/27 1955, death is said to have occurred on the date stated above, at 6:45A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Occ.	1/2 HR.
ANTECEDENT CAUSES Due To (b) ARTERIO-SCLEROTIC HEART DIS.	5 YRS.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS SENILE PSYCHOSIS.	2 YRS.

Major findings: Of operations NONE
Date of operation NONE Was autopsy performed? No.
What test confirmed diagnosis? NONE

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Myron N. Kang, M. D.
(Address) 44 Pleasant St. Winthrop Date 8/4 1955

6 Vernon Grove Cemetery Milford
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 4, 1955

7 NAME OF FUNERAL DIRECTOR Dwight L. Watson
ADDRESS 56 Congress ~~Street~~ Milford Street

Received and filed AUG 3 1955
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
9 COLOR OR RACE white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of Josephine Whitaker (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 2 Months 24 Days
If under 24 hours ....Hours ....Minutes

13 Usual Occupation: Express business (Kind of work done during most of working life)

14 Industry or Business: self retired

15 Social Security No. 018-05-2163

16 BIRTHPLACE (City) Milford, Massachusetts (State or country)

PARENTS

17 NAME OF FATHER James Fred Kimball

18 BIRTHPLACE OF FATHER (City) ~~Milford, Massachusetts~~ (State or country) Woonsocket, Rhode Island

19 MAIDEN NAME OF MOTHER Ada A. Wales

20 BIRTHPLACE OF MOTHER (City) Woonsocket, (State or country) Rhode Island

21 Informant Mrs. Mildred K. Torrey
(Address) 44 Cliff Ave. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

8/5/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

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itions contrib- e death but not the disease or causing death.

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50M-3-54-911667

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 164

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 104 Highland Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rebecca (Miller) Critch
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 104 Highland Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 19 days. In place of residence 2 years 19 months days.
35 YRS.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG. (Month) 13 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10/31, 1951, to AUG 13, 1955

I last saw her alive on AUG 12, 1955, death is said to have occurred on the date stated above, at 4:30 P.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage CEREBRAL HEMORRHAGE	3 mo.
ANTECEDENT CAUSES Due To (b) HYPERTENSIVE HEART DISEASE	6 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS DECUBITUS ULCERS	1 mo.

Major findings: Of operations. NONE

Date of operation NONE Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Myron N. King, M. D.

(Address) 222 PLEASANT ST WINTHROP Date 8/13 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Aug. 16 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass.

Received and filed Aug. 16, 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR OR RACE White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Ingham Critch
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 7 Months 9 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Newfoundland

PARENTS

17 NAME OF FATHER Richard Miller

18 BIRTHPLACE OF FATHER (City) (State or country) Newfoundland

19 MAIDEN NAME OF MOTHER Mahala Lavender

20 BIRTHPLACE OF MOTHER (City) (State or country) Newfoundland

21 Informant Ingham Critch
(Address) 54 Beals St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Magee
(Signature of Agent of Board of Health or other)

Health Officer 8/15/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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RECEIVED

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

1 R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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d conditions, ing rise to the e (a) stating lying cause

tions contrib- death but not he disease or ausing death.

100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 165

1 PLACE OF DEATH — Suffolk (County) — Boston 9-6-55
Winthrop (City or Town)
No. Winthrop Com. Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Lynch
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 116 Haure St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence ....years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 8 — 15 — 55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 8-15-, 1955, to 8-15-, 1955
I last saw him alive on 8-15, 1955, death is said to have occurred on the date stated above, at 2.14 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Stillborn — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.
Date of operation ....Was autopsy performed? no (refused)
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Pasquale Colonzo M. D.
(Address) 235 Maverick St. Date 8-15-1955

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Aug 19 1955

7 NAME OF FUNERAL DIRECTOR Frederick J. Magnatta
ADDRESS East Boston

Received and filed ....19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: MALE
9 COLOR OR RACE: White
10 SINGLE MARRIED WIDOWED or DIVORCED (Write the word): Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here. STILLBORN

12 AGE ....Years ....Months ....Days — If under 24 hours ....Hours ....Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

17 NAME OF FATHER William Lynch

18 BIRTHPLACE OF FATHER (City) E. Boston - Mass.
(State or country) U.S.

19 MAIDEN NAME OF MOTHER Gladys Harris

20 BIRTHPLACE OF MOTHER (City) Irish North Carolina
(State or country) U.S.A

21 Informant William Lynch
(Address) 116 Haure St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Bakes
(Signature of Agent of Board of Health or other)
Health Officer 8/16/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301

STRUCTIONS FOR AL CERTIFICATE

n giving E OF DEATH

not enter re than one se for each), (b) and (c)

is does not mean le of dying, such failure, asthenia, means the disease, plications which leath.

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nditions contrib- the death but not o the disease or n causing death.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registered No. 166

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 381 Winthrop Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lindsey Walter Churchill (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 369 Winthrop Street St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 70 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 20 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19... I last saw h....alive on ....., 19..., death is said to have occurred on the date stated above, at 12:45 10:30 P.M. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Stated to be Cardiac (Dr. Salerno)

ANTECEDENT CAUSES Due To (b) Signed for Dr

Due To (c) Murray board of health

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations. none

Date of operation ..... Was autopsy performed? no

What test confirmed diagnosis? (Stated)

5 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) David [illegible] M. D.
(Address) Winthrop Mass Date Aug 31 1955

6 Place of Burial or Cremation Family Cemetery (City or Town) N. Parsonsfield, Maine

DATE OF BURIAL August 25, 1955 19...

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed AUG 24 1955 19...

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male

9 COLOR OR RACE: white

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 8 Months 3 Days; If under 24 hours Hours....Minutes

32 01 Dickinson M.D. 8/26/55

13 Usual Occupation: salesman Retired (Kind of work done during most of working life)

14 Industry or Business: wholesale fruit juices

15 Social Security No. 021-03-1449

16 BIRTHPLACE (City) (State or country) Freedom New Hampshire

PARENTS

17 NAME OF FATHER John C. Churchill

18 BIRTHPLACE OF FATHER (City) (State or country) North Parsonsfield Maine

19 MAIDEN NAME OF MOTHER Annie Burk

20 BIRTHPLACE OF MOTHER (City) (State or country) Pennsylvania

21 Informant Prston B. Churchill
(Address) 369 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/24/55 (Date of Issue of Permit)

50M (A)-1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

RECEIVED

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

ORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

NEWTON (City or town making return)

Registered No. 487167

1 PLACE OF DEATH — MIDDLESEX (County) — NEWTON (City or Town)

No. 32 Holden Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EDITH AUSTIN (CLIFFORD)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)? No

(a) Residence. No. 40 Washington St. WINTHROP, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death — years — months 10 days. In place of residence 9 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 21 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1955, to Aug 21, 1955

I last saw her alive on Aug 21, 1955, death is said to have occurred on the date stated above, at 11:- P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral Hemorrhage	1 wk
ANTECEDENT CAUSES Due To (b) Arteriosclerotic Heart Disease	15 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS —	

Major findings: Of operations —

Date of operation None Was autopsy performed? No

What test confirmed diagnosis? Clinical Examination

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) James S Mansfield M. D.
(Address) 1180 Beacon St. B'line Date Aug 22 1955

6 Newton Crematory Newton
Place of ~~Burial~~ or Cremation (City or Town)

DATE OF BURIAL Aug 24 55

7 NAME OF FUNERAL DIRECTOR Short & Williamson, Inc

ADDRESS 55

Received and filed SEP 9 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Alfred George Austin
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 3 Months 8 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. —

16 BIRTHPLACE (City) Starksboro
(State or country) Vermont

PARENTS

17 NAME OF FATHER: Newell Ebenezer Clifford

18 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country) Vermont

19 MAIDEN NAME OF MOTHER: Mary Cole

20 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country) Vermont

21 Informant Mr Alfred G Austin
(Address) 40 Washington St., Winthrop

A TRUE COPY
ATTEST: Monte R. Bosbas
(Registrar of City or Town where death occurred)

DATE FILED Aug 26, 1955

m.c.

RECEIVED
SEP-9 AM

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such ailure, asthenia, ans the disease, ications which ath.

id conditions, ving rise to the se (a) stating erlying cause

itions contrib- e death but not the disease or causing death.

- Chapter 137, 1954, requires ns to print or cause or causes th on death tes.

50M-3-54-911887

Boston 9-6-55

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 168

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Orlando
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) none

(a) Residence. No. 68 Falcon St. St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug (Month) 21 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h.....alive on....., 19....., death is said to have occurred on the date stated above, at.....m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Still Born

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation.....Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) [illegible] M. D.
(Address) [illegible] Boston Date Aug 12, 1955

6 St Michaels (Place of Burial or Cremation) Boston (City or Town)
DATE OF BURIAL Aug 22 1955

7 NAME OF FUNERAL DIRECTOR Frederick J Magnuth
ADDRESS East Boston

Received and filed AUG 22 1955 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male | 9 COLOR OR RACE White | 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE .....Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

17 NAME OF FATHER Mario Orlando

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Rosa Seni

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Mario Orlando
(Address) 68 Falcon St East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

[illegible]
(Signature of Agent of Board of Health or other)

[illegible]
(Official Designation) (Date of Issue of Permit) 8/22/55

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving CF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such ilure, asthenia, ans the disease, ications which ath.

id conditions, ing rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 169

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Rear of 54 Buchanan St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Allen Crane
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) W.W.I.

(a) Residence. No. 54 Buchanan Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years ..months ..days. In place of residence 35 years ..months ..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 22 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h..alive on ..., 19..., death is said to have occurred on the date stated above, at 7:45 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Death due to natural causes, presumably

ANTECEDENT CAUSES Due To (b) to acute coronary occlusion on Aug. 22,

Due To (c) 1955 at 7:45 P.M.

Board of Health, Charles Lebreau

OTHER SIGNIFICANT CONDITIONS None.

INTERVAL BETWEEN ONSET AND DEATH

Major findings: Of operations None.

Date of operation ... Was autopsy performed? No

What test confirmed diagnosis? ...

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Lebreau M. D.
(Address) Winthrop, Mass Date 8/23/1955

6 Winthrop Cemetery, Winthrop Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 25, 1955

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed AUG 26 1955 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Hermine Jacobina Mugler
(Give maiden name of wife in full)
(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 0 Months 24 Days
If under 24 hours ...Hours ..Minutes

13 Usual Occupation: Clerk
(Kind of work done during most of working life)

14 Industry or Business: Resident Hotel

15 Social Security No. 032-03-3826

16 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

17 NAME OF FATHER Charles Allen

18 BIRTHPLACE OF FATHER (City) unknown, both parents
(State or country) lost at sea. No records

19 MAIDEN NAME OF MOTHER left unknown

20 BIRTHPLACE OF MOTHER (City) "
(State or country)

21 Informant Mrs. Joseph Teixira
(Address) 24 Spring St. Mansfield, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer 8/25/55
(Official Designation) (Date of Issue of Permit)

50M-10-52-908091

mis.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE April 16, 1918

DATE OF DISCHARGE November 14, 1921

RANK, RATING Ensign

ORGANIZATION AND OUTFIT U.S.Navy

SERVICE NUMBER Officer

RM R-303 A

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910821

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 170

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mounts Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret MacDonald
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 79 Read St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 65 years ....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 23 - 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Senility:
Cardiac Decompensation
Recent Fracture Left Femur

5 Accident, suicide, or homicide (specify) accidental
Date and hour of injury June - 5 - 1955
Where did Injury occur? Winthrop.
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury Fell accidentally at her home
(How did injury occur?)
Nature of Injury in Winthrop. June-5-1955
While at work? — Was autopsy performed? —

6 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John J. Buckley, M. D.
(Address) Boston Aug 23 - 1955

7 Winthrop Winthrop
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL August 26 1955

8 NAME OF FUNERAL DIRECTOR Arthur J. Crowley
ADDRESS Winthrop Mass.

AUG 27 1955

Received and filed ....19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: Female
10 COLOR OR RACE: White
11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

11a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of Daniel J. MacDonald
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 80 Years....Months....Days. If under 24 hours ....Hours....Minutes

14 Usual Occupation: Housewife
(Kind of work done during most of working life)

15 Industry or Business: At Home

16 Social Security No.

17 BIRTHPLACE (City) Pictou
(State or country) Nova Scotia

PARENTS

18 NAME OF FATHER Hugh McLean

19 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

20 MAIDEN NAME OF MOTHER Catherine MacDonald

21 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

22 Informant Leo J. MacDonald
(Address) 101 Almont St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Barrows
(Signature of Agent of Board of Health or other)
Health Officer 8/24/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician of officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. .....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

M R-303 A

N. B. —WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 171

PLACE OF DEATH

1 (County) Suffolk (Revere 4-6-53)

(City or Town) Winthrop

No. in Truck on Cora St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Brainard E. McKeen (BRAINARD)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 130 Baker Ave Revere St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 45 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug — 24 — 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary Heart Disease!
acute Right Heart Failure

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did Injury occur?..... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? ..... (Specify type of place)

Manner of Injury Collapsed suddenly & died (How did injury occur?)

Nature of Injury quickly

While at work? - Was autopsy performed? -

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) John J. Brickley, M. D.

(Address) Boston Aug 24 - 1955

7 Woodlawn Everett
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL August 27, 1955 19.....

8 NAME OF FUNERAL DIRECTOR Arthur S. Porcella

ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed AUG 26 1955 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: Male

10 COLOR OR RACE: White

11 SINGLE / MARRIED / WIDOWED / or DIVORCED (write the word): Married

11a If married, widowed, or divorced
HUSBAND of Rena Frederick
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 59 Years 3 Months 10 Days | If under 24 hours .....Hours.....Minutes

14 Usual Occupation: Proprietor- Mover
(Kind of work done during most of working life)

15 Industry or Business: Mover

16 Social Security No. 013-28-7366

17 BIRTHPLACE (City) Chelsea
(State or country) Mass.

PARENTS

18 NAME OF FATHER Isaac McKeen

19 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

20 MAIDEN NAME OF MOTHER Annie Boyle

21 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

22 Informant William B. McKeen
(Address) 55 Amelia St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer 8/25/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician of officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead.....— General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

AUG 2 3 RECEIVED

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such ilure, asthenia, ans the disease, ications which ath.

id conditions. ing rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 172

PLACE OF DEATH

1 (County) Suffolk

(City or Town) Winthrop

No. 42 Triton Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HARRISON HANOR
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ..

(a) Residence. No. 42 Triton Ave St. ..
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 26 (Day), 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19 ....., to ....., 19 .....

I last saw h ..... alive on ....., 19 ....., death is said to have occurred on the date stated above, at 8:30 P.M.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Death occurred suddenly at 8:30 P.M. Aug. 26, 1955

ANTECEDENT CAUSES (b) Due To Death presumably due to natural causes; arterio sclerotic heart disease, coronary occlusion

(c) Due To and malnutrition.

OTHER SIGNIFICANT CONDITIONS Winthrop Board of Health, Charles Liberman, M.D.

Major findings:
Of operations .....

Date of operation ..... Was autopsy performed? .....

What test confirmed diagnosis? Clinical.

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) Charles Liberman, M. D.
(Address) Winthrop, Mass. Date 8/26/ 1955

6 Suffolk Memorial Park
Place of Burial or Cremation (City or Town)

DATE OF BURIAL ..... 19 .....

7 NAME OF FUNERAL DIRECTOR Collins C. Gray

ADDRESS .....

Received and filed AUG 30 1955 19 .....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Mary L. Hanor
(Give maiden name of wife in full)

(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 7 Years ..... Months 17 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Boy
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. [illegible]

16 BIRTHPLACE (City) Boston
(State or country) U.S.

PARENTS

17 NAME OF FATHER Harrison Hanor

18 BIRTHPLACE OF FATHER (City) .....
(State or country) Ohio

19 MAIDEN NAME OF MOTHER Mary B. [illegible]

20 BIRTHPLACE OF MOTHER (City) .....
(State or country) Ohio

21 Informant [illegible]
(Address) [illegible]

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

5/29/53
(Date of Issue of Permit)

50M-2-49-25666

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

RECEIVED
11 12 1
9 10 2
8 3
7 6 5
AUG 30 1945
WINTHROP, MASS.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec.46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE ..... 7 July .....

DATE OF DISCHARGE ..... July 30, 1945 .....

RANK, RATING ..... Sergeant Carpenter .....

ORGANIZATION AND OUTFIT ..... U.S. Reserve .....

SERVICE NUMBER .....

I R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each b) and (c)

does not mean f dying, such lure, asthenia, ns the disease, ations which h.

d conditions, ng rise to the e (a) stating lying cause

ions contrib- death but not e disease or using death.

Chapter 137. 1954, requires as to print or ause or causes h on death es.

50M-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 173

1 PLACE OF DEATH
Suffolk (County) Cambridge 9-6-55
Winthrop (City or Town)
No. 41 Washington Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie B (Frellick) Spinney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 10 Dana St. St. Cambridge, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 7 months 15 days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUGUST (Month) 29 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 25 19 55 to 19
I last saw him alive on Aug 25 19 55, death is said to have occurred on the date stated above, at 10.45 A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) BRONCHO-PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES Due To (b) CEREBRAL HEMORRHAGE — 2 mo

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Fred O'REGAN M. D.
(Address) 670 ALPHIDGA ST. E.B. Date 8/29 1955

6 Gifford Provincetown
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Sept. 1 1955

7 NAME OF FUNERAL DIRECTOR Howard S Rynold
ADDRESS Winthrop Mass.

Received and filed SEP 1 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Leslie A Spinney
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 1 Months 15 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Provincetown
(State or country) Mass.

PARENTS

17 NAME OF FATHER Christopher Frellick

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Susan Daggett

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

21 Informant Dorothy Wagenfohr
(Address) 10 Dana St. Cambridge Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W G Baker
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

8/30/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, unless he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910821

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 7221174

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BIAGIO A MASTROTA
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 72 Winthrop St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 1 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 31 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 7/31, 19..., to 7/31, 1955
I last saw h... live on 7/31, 1955, death is said to have occurred on the date stated above, at 3:09p.m.

INTERVAL BETWEEN ONSET AND DEATH: less than 24hrs

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Shock 2nd to infarction of small bowel

ANTE CEDENT CAUSES Due To (b) Vascular insufficiency of adherent loop jejunum

Due To (c) Volvulus of jejunum at site of gastrojejunostomy-1944

OTHER SIGNIFICANT CONDITIONS History of myocardial infarction ? time

Major findings:
Of operations.....
Date of operation..... Was autopsy performed? yes
What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) M. Michaels M. D.
(Address) BIH Date 7/31 1955

6 Winthrop Cem Winthrop, Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Aug 3 1955

7 NAME OF FUNERAL DIRECTOR R C Kirby
ADDRESS E Boston, Mass

Received and filed SEP 12 1955 19...
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M
9 COLOR OR RACE: W
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Gloria G Cesarini
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years 4 Months 21 Days
If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Designer
(Kind of work done during most of working life)

14 Industry or Business: Dress Mfg. Ind.

15 Social Security No. 022-09-7113

16 BIRTHPLACE (City) (State or country) Italy

PARENTS
17 NAME OF FATHER Francesco Mastrota
18 BIRTHPLACE OF FATHER (City) (State or country) Italy
19 MAIDEN NAME OF MOTHER Teresa Piccoli
20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Daughter
(Address)

A TRUE COPY Les H. Mackie
ATTEST: .....
(Registrar of City or Town where death occurred)

DATE FILED Aug 5 1955

RECEIVED
TOWN
WINTHROP, MASS.
SEP 12 AM

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea
(City or town making return)

Registered No. 382 175

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. U.S.Naval Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Female --Casale
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 19 Myrtle Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death - years - months - days. In place of residence - years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 2, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1955, to Aug. 2, 1955
I last saw her alive on Aug. 2, 1955, death is said to have occurred on the date stated above, at 11:52p.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Atelectasis

ANTE CEDENT CAUSES Due To (b) Aspiration pneumonia

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations
Date of operation Was autopsy performed? yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Museles M. D.
(Address) USNH, Chelsea, Mass. Date 8/2/55 19

6 Winthrop Cem., Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Aug. 5, 1955 19

7 NAME OF FUNERAL DIRECTOR O'Malley Fun. Home
ADDRESS 79 Atlantic Ave., Winthrop, Mass.

Received and filed SEP 14 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE - Years - Months - Days If under 24 hours 17 Hours 58 Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Chelsea, Mass.
(State or country)

PARENTS

17 NAME OF FATHER Salvatore A.

18 BIRTHPLACE OF FATHER (City) Pittsburg, Pa.
(State or country)

19 MAIDEN NAME OF MOTHER Mercedes G. Lynch

20 BIRTHPLACE OF MOTHER (City) Norfolk, Va.
(State or country)

21 Informant Mr. Salvatore A. Casale
(Address) 19 Myrtle Ave., Winthrop, Mass.

A TRUE COPY
ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED Aug. 2, 1955 19

RECEIVED
SEP 1 AM

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 7335 176

1 PLACE OF DEATH

SUFFOLK (County)

BOSTON (City or Town)

No. New England Center Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Turnbull (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 45 Sargent St (Usual place of abode) St. Winthrop Mass (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 1 days. In place of residence 70 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 5, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1955 to Aug 5, 1955

I last saw him alive on Aug 5, 1955 death is said to have occurred on the date stated above, at 10 p m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial infarct	2 days
ANTECEDENT CAUSES Due To (b) Arterio sclerotic heart disease	years
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations

Date of operation ....Was autopsy performed? yes

What test confirmed diagnosis? EKG

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) N J Nadler, M. D.

(Address) N E C H Date 8/6 1955

6 Place of Burial or Cremation Winthrop Cem Winthrop Mass (City or Town)

DATE OF BURIAL Aug 9 1955

7 NAME OF FUNERAL DIRECTOR H. S. Reynolds

ADDRESS Winthrop Mass

Received and filed SEP 20 1955 19....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced HUSBAND of ....(Give maiden name of wife in full)

(or) WIFE of ....(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 6 Months 18 Days. If under 24 hours ....Hours....Minutes

13 Usual Occupation: Designer (Kind of work done during most of working life)

14 Industry or Business: Boats

15 Social Security No. —

16 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

17 NAME OF FATHER George Turnbull

18 BIRTHPLACE OF FATHER (City) (State or country) Winsor Nova Scotia

19 MAIDEN NAME OF MOTHER Annie Fraser

20 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

21 Informant (Address) Edna Turnbull

A TRUE COPY

ATTEST: [illegible] (Registrar of City or Town where death occurred)

DATE FILED Aug 9 1955

LAV

RECEIVED
WINTHROP, MASS
SEP 20 AM

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

BOSTON

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 7337 177

1 PLACE OF DEATH (County) SUFFOLK (City or Town) BOSTON

No. Jewish Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Berliner (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 40 Trident Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 6, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1955 to Aug 6, 1955

I last saw her alive on Aug 6, 1955 death is said to have occurred on the date stated above, at 5:20 p.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hepatic coma due to carcinomatosis of the liver, primary carcinoma of the colon

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Partial colectomy May 1954

Major findings: Of operations Carcinoma of the colon

Date of operation May 1954 Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. Steinberg, M. D.
(Address) J.M.H. Date 8/6 1955

6 Place of Burial or Cremation Workman's Circle (City or Town) Boston

DATE OF BURIAL Aug 7 1955

7 NAME OF FUNERAL DIRECTOR A. Golov

ADDRESS Brookline Mass

Received and filed SEP 20 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR OR RACE White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Harry Berliner
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. ---

16 BIRTHPLACE (City) (State or country) Poland

PARENTS

17 NAME OF FATHER Abraham Henoch

18 BIRTHPLACE OF FATHER (City) (State or country) Poland

19 MAIDEN NAME OF MOTHER Nacha Boyla

20 BIRTHPLACE OF MOTHER (City) (State or country) Poland

21 Informant Francis Aronson
(Address)

A TRUE COPY
ATTEST: Charles W. Tuttle
(Registrar of City or Town where death occurred)

DATE FILED Aug 9 1955

V.V.

RECEIVED
TOWN CLERK
WINTHROP
SEP 20 AM

M R-302

R UT
RETURN ST.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 178

1 PLACE OF DEATH

Essex
(County)

Danvers
(City or Town)

No. Danvers State Hospital, Hathorne, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hattie Freeman (Bemis)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 125 Cliff Ave., Winthrop, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years 2 months 10 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 19, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1952, to Aug. 19, 1955

I last saw her alive on Aug. 19, 1955, death is said to have occurred on the date stated above, at 1:25a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Carcinoma of Stomach	Yrs.
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis	Yrs.

Major findings:
Of operations
Date of operation ..... Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify
(Signed) Augusta Hayek M. D.
(Address) Hathorne, Mass. Date 8/19 1955

6 Winthrop Cem. Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 22, 1955

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh Fun. H
ADDRESS Winthrop, Mass.

Received and filed SEP 12 1955 19....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR OR RACE White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Damon Freeman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 6 Months 5 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife & Nurse
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

17 NAME OF FATHER George Homer Bemis

18 BIRTHPLACE OF FATHER (City) Weston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Sarah Lord

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY Arthur W. Gay
ATTEST: .....
(Registrar of City or Town where death occurred)

DATE FILED August 22, 1955

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

V B 1

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
SEP 12 AM

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea (City or town making return)

Registered No. 405 179

1 PLACE OF DEATH: Suffolk (County); Chelsea (City or Town); No. Soldiers' Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Abraham H. Rubin (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence. No. 53 Trident Ave., St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death - years - months 18 days. In place of residence - years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: Aug. 19, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1955, to Aug. 19, 1955. I last saw him alive on Aug. 19, 1955, death is said to have occurred on the date stated above, at 1:15p. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Atherosclerotic heart disease.	
ANTECEDENT CAUSES Due To (b) Coronary occlusion	?
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Generalized atherosclerosis	?

Major findings: Of operations

Date of operation ..... Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) Robert F. Flynn M. D.

(Address) Soldiers' Home Date 8/19/55 19

6 Winthrop Cem., Everett, Mass. Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 20, 1955 19

7 NAME OF FUNERAL DIRECTOR Henry Levine

ADDRESS Harvard Ave., Brookline, Mass.

Received and filed SEP 14 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Minnie K. Koleman (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 8 Months 25 Days. If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Salesman (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 213-05-3214

16 BIRTHPLACE (City) (State or country) Boston, Mass.

PARENTS

17 NAME OF FATHER Hyman

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Rebecca Morrison

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Hospital Records (Address) Soldiers' Home, Chelsea, Mass.

A TRUE COPY ATTEST: Joseph A. Turrell (Registrar of City or Town where death occurred)

DATE FILED Aug. 19, 1955 19

V.P.V

RECEIVED
TOP
SEP 1 AM

Enlisted Aug.19,1918
Dec.6,1918
Private
Co.B.-73rd Infantry 12th Division
4188129

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea
(City or town making return)

Registered No. 406 180

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. Naval Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Agnes Harrington
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 144 Shore Drive St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death - years - months 1 days. In place of residence - years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 20, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1955, to Aug. 20, 1955

I last saw her alive on Aug. 20, 1955, death is said to have occurred on the date stated above, at 3:35p. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Subarachnoid hemorrhage	19hrs.
ANTECEDENT CAUSES (b) Due To Metastatic malignant	
(c) Due To malanoma	3 yrs.
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations Malignant Malanoma
Date of operation 7/52 Was autopsy performed? No
What test confirmed diagnosis? Microscopic section

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Curtland C. Brawn, Jr. M. D.
(Address) Naval Hosp. Chel. Date 8/20/55 19

6 Holy Cross Cem., Brooklyn, N.Y.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Aug. 24, 1955 19

7 NAME OF FUNERAL DIRECTOR J.S. Waterman Fun. Home
ADDRESS 497 Commonwealth Ave., Boston

Received and filed SEP 14 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Thomas J.
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 24 Years 1 Months 13 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Brooklyn, N.Y.

PARENTS

17 NAME OF FATHER John Derniody

18 BIRTHPLACE OF FATHER (City) (State or country) Brooklyn, N.Y.

19 MAIDEN NAME OF MOTHER Nora Casey

20 BIRTHPLACE OF MOTHER (City) (State or country) Brooklyn, N.Y.

21 Informant Thomas J. Harrington
(Address) 144 Shore Drive, Winthrop

A TRUE COPY
ATTEST: Joseph A. Farrell
(Registrar of City or Town where death occurred)

DATE FILED Aug. 22, 1955 19

RECEIVED
SEP 1 AM

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 7921 181

1 PLACE OF DEATH

Suffolk (County)

Boston (City or Town)

No. 95 Moreland St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hanora J Murphy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Prescott St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 13 days. In place of residence 30 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 26/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 13/55, 19.., to August 26/55, 19.., I last saw her alive on August 26/55, 19.., death is said to have occurred on the date stated above, at 4 A m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypostatic pneumonia	2 Days
ANTECEDENT CAUSES Due To (b) Coronary thrombosis	3 Days
with congestive failure	2 Days
Due To (c)	
OTHER SIGNIFICANT CONDITIONS None	

Major findings: Of operations None

Date of operation None Was autopsy performed? No

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) W Weisman M. D.
(Address) Dorchester Mass Date 8-26 19 55

6 Place of Burial or Cremation Holy Cross-Maldne Mass. (City or Town)
DATE OF BURIAL August 29/55 19..

7 NAME OF FUNERAL DIRECTOR A J O'Maley
ADDRESS Winthrop Mass.

Received and filed SEP 29 1955 19..
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of Daniel F Murphy
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years.....Months.....Days If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. ——

16 BIRTHPLACE (City) Ireland
(State or country)

PARENTS

17 NAME OF FATHER John Downing

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Shinnick

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Mary Moran
(Address) 52 Dwinell St West

A TRUE COPY
ATTEST: Charles H. Mackie Rec.
(Registrar of City or Town where death occurred)

DATE FILED August 29/55 19..

V.B. ✓

RECEIVED
SEP 29

X

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 8112 182

1 PLACE OF DEATH
(County) SUFFOLK BOSTON
(City or Town)
No. Mass General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY BURRIDGE
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 26 Shirley St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September (Month) 1 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 8/30 19..., to 9/1, 1955 and I last saw her alive on 9/1 19..., death is said to have occurred on the date stated above, at 9:14 a.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral infarct	3days
ANTECEDENT CAUSES Due To (b) Cerebral arteriosclerosis	5yrs
Due To (c) Diabetes mellitus	5yrs
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations.....
Date of operation..... Was autopsy performed? yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) C Clay, M. D.
(Address) MGH Date 9/1 1955

6 Place of Burial or Cremation Winthrop (City or Town) Winthrop, Mass
DATE OF BURIAL Sep 5 1955

7 NAME OF FUNERAL DIRECTOR M Kirby
ADDRESS Winthrop, Mass

Received and filed OCT 6 - 1955 19...
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR OR RACE W
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of George V Burridge
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. - - -

16 BIRTHPLACE (City) Nova Scotia
(State or country)

PARENTS

17 NAME OF FATHER Augusta Saulnier -ok

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Mary E Saulnier -ok

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

21 Informant Joseph L Burridge
(Address)

A TRUE COPY
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Sep 6 19 55

X

OCT-

R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each b) and (c)

loes not mean f dying, such lure, asthenia, ns the disease, ations which h.

d conditions, ng rise to the (a) stating lying cause

ions contrib- death but not e disease or using death.

50M-10-52-908091

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 183

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leonard H. Newman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 63 Waldemar Avenue St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 4 days. In place of residence 10 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. (Month) 3 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 9/2, 1955, to 9/3, 1955
I last saw him alive on 9/2, 1955, death is said to have occurred on the date stated above, at 4 A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Lobar Pneumonia	1 week
ANTECEDENT CAUSES Due To (b) None	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS MARKED obesity	years

Major findings: Of operations None
Date of operation ..... Was autopsy performed? NO
What test confirmed diagnosis? .....

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) E. J. Callahan M. D.
(Address) Boston Mass. Date 9/3 1955

6 Holy Cross Cemetery (Place of Burial or Cremation) Malden (City or Town)
DATE OF BURIAL September 7 1955

7 NAME OF FUNERAL DIRECTOR Alice M. Kelly
ADDRESS 223 Mass. Ave. Arlington

Received and filed SEP 6 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of Gertrude Manning
(Give maiden name of wife in full)
(or) WIFE of ——
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years — Months 11 Days | If under 24 hours .... Hours .... Minutes

13 Usual Occupation: Salesmanager
(Kind of work done during most of working life)

14 Industry or Business: Wholesale Fish Business

15 Social Security No. none

16 BIRTHPLACE (City) Gloucester
(State or country) Mass

PARENTS

17 NAME OF FATHER Bernard D. Newman

18 BIRTHPLACE OF FATHER (City) Harbour Bouchee
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Margaret B. Gillis

20 BIRTHPLACE OF MOTHER (City) Guysboro County
(State or country) Nova Scotia

21 Informant Gerard B. Newman
(Address) 58 Brookfield Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
H.O.
(Official Designation) (Date of Issue of Permit) Sept 6/55

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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50M-2-49-25666

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 184

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. Winthrop Community St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josephine Gianetti Villanova
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 709 Broadway St. Chelsea
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 10 days. In place of residence 4 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 4, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 8/22/55 19 ..., to 9/4/55 19 ...
I last saw HER alive on 9/4/55 19 ..., 7:55 pm death is said to have occurred on the date stated above, at ..... m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Bronchopneumonia	2 days
Due To (b) Intestinal obstruction Choledochoduodenal fistula	4 days
Due To (c) Cholelithiasis	?? 20 years
OTHER SIGNIFICANT CONDITIONS Arteriosclerotic heart disease and gen. arteriosclerosis	10 years.

Major findings Of operations Large cholelith in duodenum obstructing same.
Date of operation 9/2/55 Was autopsy performed? no
What test confirmed diagnosis? Clinical and laboratory

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Charles Salerni M. D.
(Address) 342 Hanover St Date 9/6/55 19 ...

6 Place of Burial or Cremation Holy Cross Cemetery Malden Mass (City or Town)
DATE OF BURIAL Sept. 8 19 55

7 NAME OF FUNERAL DIRECTOR Lillian Catalfo
ADDRESS 374 Broadway Som, Mass.

Received and filed SEP 7 1955 19 ...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Joseph Villanova (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years ..... Months ..... Days. If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: House Wife (Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. "

16 BIRTHPLACE (City) Mineo (State or country) Italy

PARENTS

17 NAME OF FATHER Anthony Costelli

18 BIRTHPLACE OF FATHER (City) Mineo (State or country) Italy

19 MAIDEN NAME OF MOTHER Mary Scire.

20 BIRTHPLACE OF MOTHER (City) Mineo (State or country) Italy

21 Informant Joseph Villanova
(Address) 709 Broadway Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
H. O. (Official Designation) Sept. 6/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec.46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-301A

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 185

1 PLACE OF DEATH
Suffolk (County) Boston 9-27-55
Winthrop (City or Town)
No. 58 Cutler St. Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maurice I. Green.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) Yes. 1st W. W

(a) Residence. No. 804 Blue Hill Ave St. Dorch
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. (Month) 5, (Day) 1955. (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h.....alive on....., 19....., death is said to have occurred on the date stated above, at 9:15 A.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Death due to natural causes, presumably acute

ANTECEDENT CAUSES Due To (b) coronary occlusion due to arteriosclerosis and

Due To (c) ARTERIAL Hypertension.

OTHER SIGNIFICANT CONDITIONS Winthrop Board of Health Charles Lieberman, MD

Major findings:
Of operations.....

Date of operation.....Was autopsy performed? No.

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....
(Signed) Charles Lieberman M. D.
(Address) Winthrop Date 9/5/ 1955

6 Mishkin Pigi Lox Mem. Park West Roxbury
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Sept. 6 1955

7 NAME OF FUNERAL DIRECTOR Samuel Levine
ADDRESS 394 Washington St. Dorchester

Received and filed SEP 6 1955 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Anna M. Wolfe
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years .....Months.....Days | If under 24 hours .....Hours .....Minutes

13 Usual Occupation: Machine operator
(Kind of work done during most of working life)

14 Industry or Business: U. S. Postal Service

15 Social Security No.....

16 BIRTHPLACE (City) Dublin
(State or country) Ireland

PARENTS

17 NAME OF FATHER ~~Abraham~~ SOLOMON Green

18 BIRTHPLACE OF FATHER (City) Dublin
(State or country) Ireland

19 MAIDEN NAME OF MOTHER (unknown)

20 BIRTHPLACE OF MOTHER (City) Dublin
(State or country) Ireland

21 Informant Anna M. Green
(Address) 804 Blue Hill Ave Dor

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O. aff
(Official Designation)

Sept 6/53
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE April 28 1918

DATE OF DISCHARGE June 2 - 1919

RANK, RATING Corporal

ORGANIZATION AND OUTFIT Army Com-147 Inf.

SERVICE NUMBER 2706234

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, such ailure, asthenia, ans the disease, ications which ath.

oid conditions, ving rise to the se (a) stating erlying cause

itions contrib- e death but not the disease or causing death.

100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 186

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maude Alice Cook Leet
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 111 Cottage Park Road St. (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 9 days. In place of residence 32 years....months ....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPTEMBER (Month) 6 (Day), 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1952 to Sept. 6, 1955
I last saw h ER alive on Sept. 6, 1955 death is said to have occurred on the date stated above, at 6:10 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ARTERIOSCLEROTIC HEART DISEASE	3 YRS.
ANTECEDENT CAUSES Due To (b) GENERALIZED ARTERIOSCLEROSIS	6 YRS.
Due To (c) —	
OTHER SIGNIFICANT CONDITIONS HYPERTROPHIC ARTHRITIS	5 YRS.

Major findings: Of operations NONE

Date of operation ....Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL + LABORATORY

5 Was disease or injury in any way related to occupation of deceased? NO.
If so, specify
(Signed) Maurice Travelstein Jr. M. D.
(Address) 563 SHIRLEY ST. WINTHROP Date SEPT. 6 1955

6 Place of Burial or Cremation Winthrop Cemetery (City or Town)
DATE OF BURIAL Sept 8 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS 180 Winthrop St.

Received and filed Sept. 9, 1955 19....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of George E. Leet
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 0 Months 25 Days | If under 24 hours ....Hours....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Waltham
(State or country) Mass

PARENTS

17 NAME OF FATHER George Cook

18 BIRTHPLACE OF FATHER (City) Shelburne
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Catherine Faith

20 BIRTHPLACE OF MOTHER (City) Shelburne
(State or country) Nova Scotia

21 Informant George Leet
(Address) Burlington, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

NO.
(Official Designation)

Sept. 7/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

RECEIVED

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 10, G. L., (Tercentenary Edition).

WINTHROP, MASS.
SEP 9 '46

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving CF DEATH

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ditions contrib- he death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 187

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clarence William Mac Donald
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 41 Willow Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years..months 4 days. In place of residence 35 years..months..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September (Month) 8 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 5th, 1955 to Sept 8, 1955, I last saw him alive on Sept. 8, 1955, death is said to have occurred on the date stated above, at 8:25 P. m.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Bronchopneumonia (terminal)	1 day
ANTECEDENT CAUSES	Due To (b) Cerebro vascular thrombosis	5 days
	Due To (c) arteriosclerosis generalized	yrs
OTHER SIGNIFICANT CONDITIONS	Auricular fibrillation Fibrillation	

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Joseph Gregoire, M. D.
(Address) 19 Winthrop Ave. Date 9-9 1955

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL September 12, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed SEP 12 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Edna Louise Hiltz
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 3 Months 17 Days | If under 24 hours ..Hours ..Minutes

13 Usual Occupation: paper hanger
(Kind of work done during most of working life)

14 Industry or Business Commercial painting Co.

15 Social Security No. 010-09-9439

16 BIRTHPLACE (City) Lunenberg
(State or country) Nova Scotia

PARENTS

17 NAME OF FATHER John MacDonald

18 BIRTHPLACE OF FATHER (City) Lunenberg
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Mary Ann Knickle

20 BIRTHPLACE OF MOTHER (City) Lunenberg
(State or country) Nova Scotia

21 Informant Mrs. C. W. MacDonald
(Address) 41 Willow Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)
H.O. atte
(Official Designation)
Sept. 12/55
(Date of Issue of Permit)

50M-10-52-908091

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

RECEIVED

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

WINTHROP, MASS.

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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id conditions, ing rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 188

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Augot
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 39 Grovers Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years ..... months ..... days. In place of residence 3 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September (Month) 13 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 16 1955, to Sept. 13th 1955

I last saw him alive on Sept. 12, 1955, death is said to have occurred on the date stated above, at 9.52 A.m.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Cerebral Thrombosis	4 days
ANTECEDENT CAUSES	Due To (b) Acute Myocardial Failure with Pulmonary Edema	8 days
	Due To (c) Chronic Valvular Disease of the Heart	2 yrs
OTHER SIGNIFICANT CONDITIONS	Generalized Arteriosclerosis	5-6 yrs.

Major findings:
Of operations.....
Date of operation..... Was autopsy performed?.....
What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Frederick Ornstein M.D. M. D.
(Address) 131 Walk. Ave Date 9/13/ 1955

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL September 16 1955

7 NAME OF FUNERAL DIRECTOR George L. Wakelyn Jr.
ADDRESS 855 Broadway, W Somerville

Received and filed SEP 15 1955 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
9 COLOR OR RACE white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married widowed

10a If married, widowed, or divorced
HUSBAND of Ann Cakey
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years ..... Months ..... Days. If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Unknown
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City) New Brunswick Canada
(State or country)

PARENTS

17 NAME OF FATHER unknown

18 BIRTHPLACE OF FATHER (City) "
(State or country)

19 MAIDEN NAME OF MOTHER unknown

20 BIRTHPLACE OF MOTHER (City) "
(State or country)

21 Informant Bernard Augot
(Address) 111 Shawsheen Rd, Lawrence

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) Sept. 15/55 (Date of Issue of Permit)

100M-10-53-910621

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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SEP 15 AM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one e for each (b) and (c)

does not mean of dying, such ailure, asthenia, eans the disease, lications which ath.

bid conditions, ving rise to the se (a) stating erlying cause

litions contrib- he death but not the disease or causing death.

100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 189

1 PLACE OF DEATH
Winthrop (County)
Suffolk (City or Town)
No. 45 Fairview St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia Louise Enos
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 45 ~~Fairview St~~ Fair View St.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 50 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 16, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec., 1946, to 16 September 1955
I last saw her alive on 16 Sept., 1955, death is said to have occurred on the date stated above, at 2 p.m.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	Cerebral Hemorrhage	5 hrs
ANTECEDENT CAUSES Due To (b)	Cerebral Arterio-Sclerosis	10 yrs.
Due To (c)		
OTHER SIGNIFICANT CONDITIONS	Hypertension	15 yrs

Major findings: Of operations —
Date of operation — Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Date 16 Sept. 1955

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL September 19, 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley
ADDRESS Winthrop Mass

Received and filed SEP 19 1955 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of Louis Enos
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years ....Months....Days. If under 24 hours ....Hours ....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Jeremiah Grady

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Doris Mahaney
(Address) Essex, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Parker
(Signature of Agent of Board of Health or other)
Health Officer 9/19/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical agents or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

does not mean of dying, such ilure, asthenia, ans the disease, ications which ith.

id conditions, ing rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

X

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 190

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edna M. Peters
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 145 Bowdoin St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 10 days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 20, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1955 to Sept. 20, 1955

I last saw her alive on Sept. 19, 1955 death is said to have occurred on the date stated above, at 1:25 A.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CEREBRAL HEMORRHAGE c̄ Lt. Hemiplegia	10 days
ANTECEDENT CAUSES Due To (b) ESSENTIAL HYPERTENSION.	8 yrs
Due To (c) —	
OTHER SIGNIFICANT CONDITIONS NONE.	

Major findings: Of operations NONE

Date of operation Was autopsy performed? No

What test confirmed diagnosis? CLINICAL & LABORATORY

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. Tomashefsky, Jr. M. D.

(Address) 561 Shirley St, Winthrop Date Sept. 20 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL September 23, 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed SEP 23 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR OR RACE White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John B. Peters
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 47 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Philadelphia
(State or country) Pa.

PARENTS

17 NAME OF FATHER Michael Toomey

18 BIRTHPLACE OF FATHER (City) Cork
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Jane M. Baldwin

20 BIRTHPLACE OF MOTHER (City) Cork
(State or country) Ireland

21 Informant John B. Peters
(Address) 145 Bowdoin St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Lakeman
(Signature of Agent of Board of Health or other)

Health Officer 9/22/55
(Official Designation) (Date of Issue of Permit)

100M-10-53-910621

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also, deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

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ions contrib- death but not he disease or ausing death.

Chapter 137. 1954, requires ns to print or cause or causes h on death tes.

50M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 191

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 99 Main Street, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles D. Cullinane
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 99 Main Street, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years months days. In place of residence 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September (Month) 22 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19—, death is said to have occurred on the date stated above, at 1 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes	—
ANTECEDENT CAUSES Due To (b) Presumably Coronary Occlusion	hrs
Due To (c) Arteriosclerotic Heart Disease	yrs
OTHER SIGNIFICANT CONDITIONS —	

Major findings: Of operations —

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Board of Health Date 23 Sept 1955

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL September 24th 1955

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed SEP 23 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years 5 Months 15 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Shipper
(Kind of work done during most of working life)

14 Industry or Business: Mail Order House

15 Social Security No. 024-16-2479

16 BIRTHPLACE (City) Somerville
(State or country) Mass.

PARENTS

17 NAME OF FATHER Daniel F. Cullinane

18 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Cora L. Rea

20 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass.

21 Informant Mrs. Eleanor D. Campbell-sis.
(Address) 99 Main St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
9/23/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

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id conditions, ing rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

100M-10-53-910621

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 192

1 PLACE OF DEATH
Suffolk (County)
W inthrop (City or Town)
No. 175 Somerset Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna S (Kiander) vonBetzen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 175 Somerset Ave. St.
(If nonresident, give city or town and State)

Length of stay: In place of death 40 years ... months ... days. In place of residence 40 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 22, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from —, 1948, to September 22 1955

I last saw her alive on September 22 1955, death is said to have occurred on the date stated above, at 12:20 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Occlusion	6 hrs
ANTECEDENT CAUSES Due To (b) Arteriosclerotic Heart Disease	yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations
Date of operation — Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Date 23 Sept 1955

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Sept. 24 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed SEP 26 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John vonBetzen (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 1 Months 15 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) East Boston (State or country) Mass.

PARENTS
17 NAME OF FATHER John Kiander
18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country) Sweeden
19 MAIDEN NAME OF MOTHER Sophia ----------
20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) Sweeden

21 Informant Arthur L vonBetzen
(Address) 175 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter E. Fitzgerald
(Signature of Agent of Board of Health or other)
Death Clerk 9/23/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-303 A

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 193

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 80 Cliff Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stella Stewart (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) none

(a) Residence. No. 80 Cliff Avenue St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years ..... months ..... days. In place of residence 2 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 26, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

BARBITURATE POISONING — SUICIDAL

5 Accident, suicide, or homicide (specify) Suicide

Date and hour of injury Sept 26 19 55

Where did Injury occur? Winthrop (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Residential garage (Specify type of place)

Manner of Injury Ingestion of (How did injury occur?)

Nature of Injury barbiturate

While at work? ..... Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Michael A. Strong M. D.

(Address) 25 Shattuck St Date 9/26 19 55

7 Place of Burial, or Cremation. Colwood Cemetery, Victoria, British Columbia (City or Town)

DATE OF BURIAL Oct. 1, 1955

8 NAME OF FUNERAL DIRECTOR Sullivan

ADDRESS 497 Commonwealth Ave, Boston

Received and filed SEP 27 1955 19 .....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female

10 COLOR OR RACE White

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of William C. Stewart, M.D. (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 35 Years 11 Months 25 Days — If under 24 hours ..... Hours ..... Minutes

14 Usual Occupation: Housewife (Kind of work done during most of working life)

15 Industry or Business: Own Home

16 Social Security No. none

17 BIRTHPLACE (City) Yelm (State or country) Washington

PARENTS

18 NAME OF FATHER Charles Bennett

19 BIRTHPLACE OF FATHER (City) can not be learned (State or country) can not be learned

20 MAIDEN NAME OF MOTHER Mary Southard

21 BIRTHPLACE OF MOTHER (City) can not be learned (State or country) can not be learned

22 Informant Dr. William C. Stewart (Address) 80 Cliff Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker M.D. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/28/55 (Date of Issue of Permit)

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

30M-10-53-910621

4110

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead.....— General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

M R-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one e for each (b) and (c)

does not mean of dying, such ailure, asthenia, eans the disease, lications which ath.

bid conditions, ving rise to the use (a) stating erlying cause

ditions contrib- he death but not the disease or causing death.

:- Chapter 137. f 1954, requires ians to print or e cause or causes ath on death ates.

SOM-5-55-915625

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 194

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 100 Upland Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Elizabeth Carney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) —

(a) Residence. No. 100 Upland Rd. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 22 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 28, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1955 to September 27 1955
I last saw h[illegible] alive on Sept 27, 1955, death is said to have occurred on the date stated above, at 3.15 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cancer of Sigmoid

INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations Cancer of Sigmoid
Date of operation Aug. 29 55 Was autopsy performed? no
What test confirmed diagnosis? Pathological Report

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel [illegible] M. D.
(Address) Winthrop Date Sept 29 1955

6 Place of Burial or Cremation Holy Cross (City or Town) Malden
DATE OF BURIAL October 1 1955

7 NAME OF FUNERAL DIRECTOR James V. McCarthy
ADDRESS 14 Cambridge St Charlestown

Received and filed SEP 30 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F.

9 COLOR OR RACE White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 51 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: MANAGER
(Kind of work done during most of working life)

14 Industry or Business: COSMETICS

15 Social Security No. UNKNOWN

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER John S. Carney

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Catherine Sadler

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Elizabeth B. Carney
(Address) 100 Upland Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 9/30/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 195 8333

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Boston City Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JULIA NAPPI (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 104 Highland Ave., Winthrop, Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 9 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 8/21 19..., to 9/9, 19 55

I last saw h.....alive on....., 19..., death is said to have occurred on the date stated above, at 7:00p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive arterio-sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: -Mos.

ANTE CEDENT CAUSES Due To (b)

Due To (c) Coronary heart failure — Days

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation ..... Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M W O'Connell, M. D.

(Address) BCH Date 9/9 19 55

6 Holy Cross Malden, Mass (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL Sep 12 19 55

7 NAME OF FUNERAL DIRECTOR F Magrath

ADDRESS E Boston, Mass

Received and filed OCT 18 1955 19...

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of John Nappi (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER John Meloni

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Rose Poccio

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Mary DiPace (Address)

A TRUE COPY ATTEST: Charles H. Mackie (Registrar of City or Town where death occurred)

DATE FILED Sep 12 19 55

RECEIVED
OCT 1 8

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 830196

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Beth Israel Hospital ~~St.~~ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ALICE H WEINER
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 93 Grover Ave., ~~St.~~ Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 10 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 9 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 8/30 19..., to 9/9, 19..., I last saw her alive on 9/9, 1955; death is said to have occurred on the date stated above, at 10:22 a.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) metastatic carcinoma	2mos +
ANTECEDENT CAUSES Due To (b) breast carcinoma	4yrs +
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Pleural & peritoneal effusions	2wks

Major findings:
Of operations.....
Date of operation.....Was autopsy performed?.....
What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) H Karpman, M. D.
(Address) BIH Date 9/9 1955

6 Liberty Progressive Cem Everett, Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Sep 9 1955

7 NAME OF FUNERAL DIRECTOR E Levine
ADDRESS Brookline, Mass

Received and filed OCT 18 1955 19...
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of Harry Weiner
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 48 Years.....Months.....Days
If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: ---

15 Social Security No. - - -

16 BIRTHPLACE (City) (State or country) Russia

PARENTS
17 NAME OF FATHER Louis Levine
18 BIRTHPLACE OF FATHER (City) (State or country) Russia
19 MAIDEN NAME OF MOTHER Gertrude - -
20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Husband
(Address)

A TRUE COPY
ATTEST: [illegible]
(Registrar of City or Town where death occurred)

DATE FILED Sep 12 1955

MS

RECEIVED
OCT 12

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

X

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 8434 197

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass. General Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Polansky
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) W W #11

(a) Residence. No. 9 Wave Way Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 13/55
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 10 19 55 to Sept. 13 19 55
I last saw him alive on Sept. 13 19 55, death is said to have occurred on the date stated above, at 9:53PM m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute anterior polio myelitis — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations None
Date of operation ..... Was autopsy performed? No
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C L Clay M. D.
(Address) Mass. General Hosp. Date 9-14 19 55

6 Kehillath Israel West Roxbury Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Sept. 15/55 19

7 NAME OF FUNERAL DIRECTOR A Golov
ADDRESS Brookline Mass.

Received and filed 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M
9 COLOR OR RACE: W
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Lillian Bluestein
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 33 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Furniture Decorator
(Kind of work done during most of working life)

14 Industry or Business: Self

15 Social Security No. 024-16-9930

16 BIRTHPLACE (City) Boston Mass.
(State or country)

PARENTS

17 NAME OF FATHER: Harry Polansky

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER: Rose Waxman

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Lillian Polansky Wife
(Address)

A TRUE COPY
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Sept. 15/55 19

M.E.

V.S.V

Entered Service 11-9-42 Fort Devens Mass.

Discharged 1-12-46 Rome New York

Sgt. 4269th AAF Base Unit Service No. 11116238

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 198 ~~2565~~

1 PLACE OF DEATH

SUFFOLK (County)

BOSTON (City or Town)

No. Peter Bent Brigham Hospital ~~St.~~ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LILLIAN THOMPSON
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 125 Cliff Ave., ~~St.~~ Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months....3....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September (Month) 16 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 9/13, 19..., to 9/16, 19 55

I last saw he alive on 9/16, 19 55, death is said to have occurred on the date stated above, at 9:00p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) myocardial infarction acute

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) generalized arterio-sclerosis 30yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation ..... Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) V. Cass M. D.
(Address) ..... Date 9/17, 19 55

6 Place of Burial or Cremation Winthrop (City or Town) Winthrop, Mass

DATE OF BURIAL Sep 20, 19 55

7 NAME OF FUNERAL DIRECTOR H Reynolds

ADDRESS Winthrop, Mass

Received and filed OCT 24 1955 19....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR OR RACE W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Henry Thompson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 1 Months 12 Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. - - -

16 BIRTHPLACE (City) Nova Scotia
(State or country)

PARENTS

17 NAME OF FATHER William Kean

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Annie MacKenzie

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

21 Informant Ruth Pizzano
(Address)

A TRUE COPY
ATTEST: [illegible]
(Registrar of City or Town where death occurred)

DATE FILED Sep 21 19 55

RECEIVED
OCT 28 19

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

BOSTON

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 199 8958

1 PLACE OF DEATH — County: SUFFOLK — City or Town: BOSTON

No. Mass General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DOROTHY A KING (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, If so, specify WAR)

(a) Residence. No. 30 Cross St. Winthrop, Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 1 days. In place of residence ....years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 29 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 9/29, 19..., to 9/29, 19 55

I last saw h...er alive on 9/29, 19 55 death is said to have occurred on the date stated above, at 9:15p. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Intracerebral hemorrhage	4hrs
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Cerebral palsy	16yrs

Major findings: Of operations

Date of operation ..... Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. Clay, M. D.

(Address) MGH Date — — — 19..

6 Winthrop Winthrop, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 3 19 55

7 NAME OF FUNERAL DIRECTOR H Reynolds

ADDRESS Winthrop, Mass

Received and filed NOV 8 1955 19..

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 17 Years 8 Months 12 Days — If under 24 hours Hours . Minutes

13 Usual Occupation: at home (Kind of work done during most of working life)

14 Industry or Business: - - -

15 Social Security No. 027-28-4837

16 BIRTHPLACE (City) Boston, Mass (State or country)

PARENTS

17 NAME OF FATHER Charles R King

18 BIRTHPLACE OF FATHER (City) Boston, Mass (State or country)

19 MAIDEN NAME OF MOTHER Dorothy Lawrence

20 BIRTHPLACE OF MOTHER (City) Everett, Mass (State or country)

21 Informant Charles R King (Address)

A TRUE COPY ATTEST: Charles A. Mac (Registrar of City or Town where death occurred)

DATE FILED Oct 4 19 55

RECEIVED
NOV-8

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

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25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. ~~9026~~ 200

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. The Children's Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME RAYMOND L DOOLEY
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)
(a) Residence. No. 12 Cherry St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 2 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 9/30, 19..., to 10/2, 19 55
I last saw him alive on 10/2, 19 55 death is said to have occurred on the date stated above, at 5:50a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Poliomyelitis bulbo-spinal — INTERVAL BETWEEN ONSET AND DEATH: 3days

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations
Date of operation ..... Was autopsy performed? yes
What test confirmed diagnosis? lumbar puncture

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S Kevy M. D.
(Address) 300 Longwood Ave Date 10/2 19 55

6 Winthrop (Place of Burial or Cremation) Winthrop, Mass (City or Town)
DATE OF BURIAL Oct 4 19 55

7 NAME OF FUNERAL DIRECTOR F Magrath
ADDRESS E Boston, Mass

Received and filed NOV 10 1955 19...
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M | 9 COLOR OR RACE W | 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 3 Years 7 Months Days | If under 24 hours Hours Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop, Mass
(State or country)

PARENTS

17 NAME OF FATHER Michael Dooley

18 BIRTHPLACE OF FATHER (City) Boston, Mass
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Banks

20 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

21 Informant Michael Dooley
(Address)

A TRUE COPY
ATTEST: [illegible]
(Registrar of City or Town where death occurred)

DATE FILED Oct 5 19 55

RECEIVED
NOV 10

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

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25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 201 9043

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN J GRAHAM
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 17 Girdlestone Road, St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 2 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 9/26 19..., to 10/2 19 55
I last saw h im alive on 10/2, 19 55 death is said to have occurred on the date stated above, at 6:40a. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Squamous cell carcinoma rt. middle lobe c metastasis

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES Due To (b) -2yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Pulmonary emphysema and fibrosis yrs.

Major findings:
Of operations

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C Clay, M. D.
(Address) MGH Date — — 19

6 Winthrop Winthrop, Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct 5 19 55

7 NAME OF FUNERAL DIRECTOR F Magrath
ADDRESS E Boston, Mass

Received and filed NOV 16 1955 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M
9 COLOR OR RACE W
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Ann T Kelleher
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years Months Days
If under 24 hours Hours Minutes

13 Usual Occupation: Watchman
(Kind of work done during most of working life)

14 Industry or Business: U S Lines

15 Social Security No. 031-10-5220

16 BIRTHPLACE (City) (State or country) Cambridge, Mass

PARENTS
17 NAME OF FATHER Patrick Graham
18 BIRTHPLACE OF FATHER (City) (State or country) Ireland
19 MAIDEN NAME OF MOTHER Catherine Fallon
20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Ann T Graham
(Address)

A TRUE COPY
ATTEST: Charles F. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Oct 5 19 55

m.s.

RECEIVED
NOV 10 - M

M R-301A

TRUCTIONS FOR L CERTIFICATE

a giving OF DEATH

not enter e than one e for each (b) and (c)

s does not mean e of dying, such ailure, asthenia, eans the disease, lications which eath.

bid conditions, iving rise to the use (a) stating erlying cause

ditions contrib- he death but not the disease or causing death.

50M-8-52-907046

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 202

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Male F. McAndrews (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 33 Forest St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 2 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: Oct (Month) 2 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1955, to Oct 2, 1955

I last saw him alive on Oct 2, 1955, death is said to have occurred on the date stated above, at 2:30 P. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Prematurity (6½ mo) — 1 day

ANTECEDENT CAUSES Due To (b) —

Due To (c) —

OTHER SIGNIFICANT CONDITIONS None

Major findings: Of operations None

Date of operation None Was autopsy performed? No

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Mayer N. King, M. D.

(Address) 222 Pleasant St. Winth. Date Oct 2 1955

6 Place of Burial or Cremation: Holy Cross, Malden (City or Town)

DATE OF BURIAL October 3 1955

7 NAME OF FUNERAL DIRECTOR John C. Kelly

ADDRESS 286 Meridian St., E. B.

Received and filed OCT 3 1955 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full)

(or) WIFE of — (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months 2 Days. If under 24 hours.....Hours.....Minutes

13 Usual Occupation: — (Kind of work done during most of working life)

14 Industry or Business: —

15 Social Security No. —

16 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

17 NAME OF FATHER Gerald E. McAndrews

18 BIRTHPLACE OF FATHER (City) Adams (State or country) Mass.

19 MAIDEN NAME OF MOTHER Marie E. Julian

20 BIRTHPLACE OF MOTHER (City) Springfield (State or country) Mass.

21 Informant Gerald E. McAndrews (Address) 33 Forest St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. G. Baker (Signature of Agent of Board of Health or other)

H. O. (Official Designation) 10/3/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 203

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mount's Rest Home 104 Highland Ave. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME Mary V. Flynn
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 105 Grovers Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 3 (Day) 1955. (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 15 1953 to Oct. 3, 1955
I last saw her alive on Oct. 3, 1955, death is said to have occurred on the date stated above, at 7:30 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral Thrombosis & Rt. Hemiplegia	2 1/2 yrs.
ANTECEDENT CAUSES Due To (b) Generalized Arteriosclerosis	5 yrs.
Due To (c) —	
OTHER SIGNIFICANT CONDITIONS Recurrent Pyelonephritis	2 yrs.

Major findings: Of operations None
Date of operation — Was autopsy performed? No.
What test confirmed diagnosis? Clinical & Lab.

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) M. Traverse Rim, Jr. M. D.
(Address) 502 Hirley St. Winthrop Date Oct 3, 1955

6 Mt. Hope, Boston Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL October 6. 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed 10-5-55 1955
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John Henry Flynn
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
17 NAME OF FATHER John McDonough
18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
19 MAIDEN NAME OF MOTHER Cannot be learned
20 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country)

21 Informant John Henry Flynn
(Address) 105 Grovers Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
10/5/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 204

1 PLACE OF DEATH: SUFFOLK (County) WINTHROP (City or Town) No. 40 NEVADA St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY J. C. DRACOS (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 40 NEVADA St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 22 years ...months ...days. In place of residence 22 years ...months ...days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 4, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from January 1 1954 to October 4, 1955

I last saw her alive on October 3, 1955 death is said to have occurred on the date stated above, at 1:40 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Generalized carcinomatosis.	1½ yr.
ANTECEDENT CAUSES (b) Due To Fibro Sarcoma Rt. Femur	3yr.
(c) Due To -----	
OTHER SIGNIFICANT CONDITIONS -----	

Major findings Of operation Osteogenic Fibro Sarcoma-Rt. Femur

Date of operation 12/17/52 Was autopsy performed? No

What test confirmed diagnosis? Clinical & Lab.

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) M. Tomasello M. D.

(Address) 562 SHIRLEY ST. WINTHROP Date Oct. 4 1955

6 LINWOOD HAVERHILL Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 7 1955

7 NAME OF FUNERAL DIRECTOR PAUL. P. DeMARKLES

ADDRESS 158 AUBURN ST - CAMBRIDGE

Received and filed OCT 6 - 1955 19..

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE white 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married.

10a If married, widowed, or divorced HUSBAND of JANOPOULOS (Give maiden name of wife in full) (or) WIFE of CHARLES DRACOS (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years ...Months ...Days If under 24 hours ...Hours ...Minutes

13 Usual Occupation: DRESSMAKER (Kind of work done during most of working life)

14 Industry or Business: RETIRED

15 Social Security No. 025-18-9204

16 BIRTHPLACE (City) (State or country) GREECE

PARENTS

17 NAME OF FATHER GEORGE JANOPOULOS

18 BIRTHPLACE OF FATHER (City) (State or country) GREECE

19 MAIDEN NAME OF MOTHER FERONEKY THANOS

20 BIRTHPLACE OF MOTHER (City) (State or country) GREECE.

21 Informant Charles DRAKOS (Address) 40 NEVADA ST - WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/5/55 (Date of Issue of Permit)

SOM (A)-12-49-900722

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

REVERE (City or town making return)

Registered No. 205

1 PLACE OF DEATH: Suffolk (County); Revere (City or Town); Grover Manor Hospital No. ..... St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bettie L. Garrity (Cunningham) (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) .....

(a) Residence. (Usual place of abode) No. 7 Temple Avenue, Winthrop St. ..... (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 10 months ..... days. In place of residence 7 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 4, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 24, 55 to October 4, 55

I last saw h..... alive on October 4 55, 19..., death is said to have occurred on the date stated above, at 2:45 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES (b) Due To Hypostatic Pneumonia — 1 week

(c) Due To .....

OTHER SIGNIFICANT CONDITIONS .....

Major findings: Of operations none

Date of operation ..... Was autopsy performed? no

What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) James F. Evans M.D.

(Address) 537 Edway, Everett Date Oct. 4 19 55

6 Place of Burial or Cremation Mt. Hope Cemetery Dorchester (City or Town)

DATE OF BURIAL October 7, 19 55

7 NAME OF FUNERAL DIRECTOR Alfred E. Marsh

ADDRESS 174 Winthrop St., Winthrop

Received and filed NOV ..... 19...

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR OR RACE White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of Charles A. Garrity (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 6 Months 7 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housework - Retired (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 007-07-1406

16 BIRTHPLACE (City) Orrono (State or country) Maine

PARENTS

17 NAME OF FATHER Joel Cunningham

18 BIRTHPLACE OF FATHER (City) Farmingdale (State or country) Maine

19 MAIDEN NAME OF MOTHER Josephine Law

20 BIRTHPLACE OF MOTHER (City) Farmingdale (State or country) Maine

21 Informant Mrs. Alba Mann (Address) 7 Temple Ave., Winthrop, Mass.

A TRUE COPY

ATTEST: ..... (Registrar of City or Town where death occurred)

DATE FILED October 10, 19 55

NOV 10 '94

M R-301A

RUCTIONS FOR CERTIFICATE

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 206

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 210 Woodside Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John H. O'Brien
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 210 Woodside Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 10 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 6 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June, 1954, to Oct. 6, 1955
I last saw him alive on Oct. 6, 1955, death is said to have occurred on the date stated above, at 5:20 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial Infarction	1 day
ANTECEDENT CAUSES Due To (b) Hypertensive Coronary Artery Heart Disease	1½ yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS none	

Major findings:
Of operations
Date of operation ..... Was autopsy performed?
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass. Date 10/6/ 1955

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct. 8 1955

7 NAME OF FUNERAL DIRECTOR R. J. DeMille
ADDRESS Revere

Received and filed OCT 6 - 1955 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Grace Hodgkins
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 72 Months ..... Days (J.O'B.) If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Retuired
(Kind of work done during most of working life)

14 Industry or Business: Supt. Public Works Revere

15 Social Security No.

16 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS
17 NAME OF FATHER Daniel O'Brien
18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.
19 MAIDEN NAME OF MOTHER Johana Lynch
20 BIRTHPLACE OF MOTHER (City) .....
(State or country) Ireland

21 Informant Grace O'Brien
(Address) 10 Woodside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 10/6/55
(Official Designation) (Date of Issue of Permit)

50M-3-53-909098

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 207

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 66 Shore Drive St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs Clara Frances Howland Young
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran if so specify WAR) NO

(a) Residence. (Usual place of abode) No. 108 Waldemar Ave. Winthrop, Mass. St.
(If nonresident, give city or town and State)

Length of stay: In place of death 1 years ... months ... days. In place of residence 10 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct (Month) 6 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June, 1955 to Oct 6, 1955
I last saw h. alive on Oct 6, 1955, death is said to have occurred on the date stated above, at 7.40 p m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ~~Cerebral Hemorrhage~~ CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTE CEDENT CAUSES Due To (b) ~~Arteria Sclerosis~~ ARTERIO SCLEROSIS — 10 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation ... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Louis F. Salerno, M. D.
(Address) 175 Pleasant St Winthrop Date Oct 6, 1955

6 Place of Burial or Cremation Forest Hills Cemetery - Boston, Mass. (City or Town)
DATE OF BURIAL Oct. 10, 1955, 19

7 NAME OF FUNERAL DIRECTOR J. S. Waterman
ADDRESS Boston, Mass.

Received and filed OCT 10 1955, 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Arthur Young (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 96 Years 7 Months 26 Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Boston, Mass.

PARENTS
17 NAME OF FATHER George H. Howland
18 BIRTHPLACE OF FATHER (City) (State or country) Boston, Mass.
19 MAIDEN NAME OF MOTHER Clara B. Ewer
20 BIRTHPLACE OF MOTHER (City) (State or country) Boston, Mass.

21 Informant (Address) Mildred H. Noyes - Daughter 3 Dix Terrace, Winchester, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/7/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourte n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 208

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 104 Highland Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles H Whittemore
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 98 Bellevue Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 7 days. In place of residence 27 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct (Month) 7 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1950, to Oct 7, 1955
I last saw him alive on Oct 6, 1955, death is said to have occurred on the date stated above, at 8:30 a.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ~~Coronary Thrombosis~~ CORONARY THROMBOSIS	2 days
ANTECEDENT CAUSES Due To (b) ARTERIO SCLEROSIS	5 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation ..... Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Louis T Salerno, M. D.
(Address) 172 Pleasant St Date Oct 8, 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL Oct. 10, 1955

7 NAME OF FUNERAL DIRECTOR Howard S Bryant
ADDRESS Winthrop Mass.

Received and filed OCT 10 1955, 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of Lottie Turnbull
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 3 Months 0 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Office Manager
(Kind of work done during most of working life)

14 Industry or Business: Dry Goods

15 Social Security No. 011-14-8039

16 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

17 NAME OF FATHER Harrison Whittemore

18 BIRTHPLACE OF FATHER (City) Peabody
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Unice McCoob

20 BIRTHPLACE OF MOTHER (City) Lincolnville
(State or country) Maine

21 Informant Helen Whittemore
(Address) 98 Bellevue Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 10/10/55
(Official Designation) (Date of Issue of Permit)

100M-10-53-910621

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

2M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Newburyport (City or town making return)

Registered No. 209

1 PLACE OF DEATH: Essex (County) — Newburyport (City or Town)

No. 76 Street Plum Island St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fred Earnest Siefert (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 22 Adams St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 15 years ... months ... days. In place of residence ... years ... months 5 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 11, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1955, to Oct. 11, 1955

I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at 1:05A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES Due To (b) ...

Due To (c) ...

OTHER SIGNIFICANT CONDITIONS ...

Major findings: Of operations ...

Date of operation ... Was autopsy performed? No

What test confirmed diagnosis? ...

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Edward J. Dervan, M. D.

(Address) 25 Burton St. Newburyport Date 10/11 19 55

6 Place of Burial or Cremation Winthrop (City or Town) Winthrop

DATE OF BURIAL Oct. 13, 19 55

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed OCT 18 1955 19...

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of ... (Give maiden name of wife in full)

(or) WIFE of Irene Loeffler (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 11 Months 28 Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Maintenance (Kind of work done during most of working life)

14 Industry or Business: Brewery

15 Social Security No. 022-10-1209

16 BIRTHPLACE (City) (State or country) Chelsea, Mass.

PARENTS

17 NAME OF FATHER Charles F. Siefert

18 BIRTHPLACE OF FATHER (City) (State or country) Cambridge, Mass.

19 MAIDEN NAME OF MOTHER Elizabeth Hopkins

20 BIRTHPLACE OF MOTHER (City) (State or country) Maine

21 Informant (Address) Irene Siefert 22 Adams St. Winthrop

A TRUE COPY

ATTEST: [signature] (Registrar of City or Town where death occurred)

DATE FILED October 17, 19 55

RECEIVED
OCT 18

M R-302

WHITE PAPER, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) REVERE

Registered No. 210

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. Grover Manor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank E. Whitman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 22 Elliot Street, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months 4 days. In place of residence 3 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 11, (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1955, to Oct. 11, 1955
I last saw him alive on Oct. 11, 1955 death is said to have occurred on the date stated above, at 5:15A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary thrombosis	4 hours
ANTECEDENT CAUSES Due To (b) Arteriosclerotic heart disease	5 years
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations none
Date of operation ... Was autopsy performed? no
What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) James E. Burns, M. D.
(Address) 537 Shirley, Everett Date Oct. 11, 1955

6 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL October 13, 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed NOV 10 1955 19...
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Lena Dexter
(Give maiden name of wife in full)
(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 6 Months 26 Days
If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Lumber

15 Social Security No. none

16 BIRTHPLACE (City) ...
(State or country) Nova Scotia

PARENTS
17 NAME OF FATHER George Whitman
18 BIRTHPLACE OF FATHER (City) ...
(State or country) Nova Scotia
19 MAIDEN NAME OF MOTHER Deborah Freeman
20 BIRTHPLACE OF MOTHER (City) ...
(State or country) Nova Scotia

21 Informant Lena Whitman
(Address) 22 Elliot St., Winthrop

A TRUE COPY
ATTEST: ...
(Registrar of City or Town where death occurred)

DATE FILED October 13, 1955

R-301A

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 211

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 4 Paine Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie F. McGillicuddy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 4 Paine Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 40 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 16, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1955, to Oct 15, 1955
I last saw her alive on Oct. 15, 1955, death is said to have occurred on the date stated above, at 12:30 A.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia (terminal)	2 days
ANTECEDENT CAUSES Due To (b) myocardial heart disease	years
Due To (c) arteriosclerosis generalized	year
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation ....Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Arlington Mass. Date 10/17 1955

6 St Paul's Arlington Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL October 19, 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed OCT 18 1955 19....
Joseph F. O'Hara Jr
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of ....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years ....Months....Days. If under 24 hours ....Hours....Minutes

13 Usual Occupation: Retired Ass't Principal
(Kind of work done during most of working life)

14 Industry or Business: School

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Daniel E. McGillicuddy

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Katherine A. Conley

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

21 Informant William McGillicuddy
(Address) 4 Paine St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 10/18/55
(Official Designation) (Date of Issue of Permit)

100M-10-53-910621

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L.; (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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R-301A

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50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 212

1 PLACE OF DEATH
Suffolk (County) SEC. 1-25-455 (Occupation)
Winthrop (City or Town)
No. 81 Plummer Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edgar M Holahan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 81 Plummer Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 17 years ... months ... days. In place of residence 17 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 18, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 15, 1954, to May 17, 1955
I last saw him alive on May 17, 1955, death is said to have occurred on the date stated above, at 3:17 m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma

INTERVAL BETWEEN ONSET AND DEATH Est Overyear

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations Carcinoma
Date of operation April 1955 Was autopsy performed? no
What test confirmed diagnosis? Pathological reports

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) ... M. D.
(Address) Winthrop, Mass. Date Oct 18 1955

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct. 19 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed OCT 19 1955 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Alta Wragg
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 9 Months 8 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Lawyer MESSENGER
(Kind of work done during most of working life)

14 Industry or Business: ~~Self~~ BLUEPRINT

15 Social Security No. 032-03-3865

16 BIRTHPLACE (City) New York City
(State or country) New York

PARENTS
17 NAME OF FATHER Anthony F Holahan
18 BIRTHPLACE OF FATHER (City) New York City
(State or country) New York
19 MAIDEN NAME OF MOTHER Cora Lowe
20 BIRTHPLACE OF MOTHER (City) St. Louis
(State or country) Missouri

21 Informant Alta Holahan
(Address) 81 Plummer Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 10/19/55
(Official Designation) (Date of Issue of Permit)

VBV

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can he obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to he held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . .. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

I R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each b) and (c)

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d conditions, ng rise to the e (a) stating lying cause

tions contrib- death but not he disease or causing death.

100M-10-53-910621

REVERSE 1-4-53

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 213

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 40 Lincoln Street, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Winthrop Convalescent Hospital

2 FULL NAME Baby Girl Maggiore (Patricia)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 350 Park Ave St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 19, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at 11:23 p.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Stillborn

ANTECEDENT CAUSES Due To (b) --

Due To (c) --

OTHER SIGNIFICANT CONDITIONS --

Major findings:
Of operations.....

Date of operation.....Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) A. Marco Stoffa M.D.
(Address) 21 Breed Street Date 10/19/1955.

6 East Boston, Mass. Everett
Place of Burial or Cremation (City or Town)
Woodlawn
DATE OF BURIAL October 21 1955

7 NAME OF FUNERAL DIRECTOR S. Rocco & Sons
ADDRESS 331 Main St Everett

Received and filed OCT 24 1955 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE.....Years.....Months.....Days
If under 24 hours .....Hours.....Minutes

13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City) Winthrop Mass
(State or country)

PARENTS

17 NAME OF FATHER Joseph Maggiore

18 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)

19 MAIDEN NAME OF MOTHER Mary Ciotti

20 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)

21 Informant Joseph Maggiore Father
(Address) 350 Park Ave Rev

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G Baker
(Signature of Agent of Board of Health or other)

H.O. 10/21/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-303 A

N. B. —WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

30M-10-53-910621

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 214

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Rest Home - 142 Pleasant St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number) Winthrop Convalescent Home

2 FULL NAME Horace Bonsey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 142 Pleasant St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 10 months 11 days. In place of residence ... years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct - 20 - 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Arterio Sclerotic Heart Disease
Fractured Left Femur
Myocardial Infarct

5 Accident, suicide, or homicide (specify) accidental
Date and hour of injury Oct - 9 - 1955
Where did Injury occur? Winthrop
(City or town and State)
Did injury occur in or about home on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury Fell accidentally at his bed
(How did injury occur?)
Nature of Injury in Winthrop: Oct. 9 - 1955
While at work? — Was autopsy performed? —

6 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John J. Brickley, M. D.
(Address) Boston Date 20 - 1955

7 Place of Burial, or Cremation. Everett (City or Town)
DATE OF BURIAL 21 OCT 55 19

8 NAME OF FUNERAL DIRECTOR Leslie W. Bike
ADDRESS 305 Broadway St. Revere

Received and filed OCT 21 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX male
10 COLOR OR RACE white
11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) widowed

11a If married, widowed, or divorced
HUSBAND of Julia (Maiden) Le Blanc
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 88 Years 6 Months 3 Days
If under 24 hours ... Hours ... Minutes

14 Usual Occupation: Barber
(Kind of work done during most of working life)

15 Industry or Business: (illegible)

16 Social Security No. None

17 BIRTHPLACE (City) Ellsworth
(State or country) Maine

PARENTS

18 NAME OF FATHER David Bonsey
19 BIRTHPLACE OF FATHER (City) Ellsworth
(State or country) Maine
20 MAIDEN NAME OF MOTHER Martha Mathieu
21 BIRTHPLACE OF MOTHER (City) (illegible)
(State or country) " " "

22 Informant. Edward Kane
(Address) 78 Dartmouth St Everett

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 10/20/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

does not mean of dying, such ilure, asthenia, ans the disease, cations which th.

id conditions, ing rise to the se (a) stating rlying cause

itions contrib- e death but not the disease or causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 215

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 242 River Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Benjamin Leavitt
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no.

(a) Residence. No. 242 River Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 41 years ... months ... days. In place of residence 50 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 20, (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June, 1950, to Oct. 20, 1955
I last saw him alive on Oct. 20, 1955, death is said to have occurred on the date stated above, at 8:00 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Artery Heart Disease	10 months
ANTECEDENT CAUSES Due To (b) Arteriosclerosis	10 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation Was autopsy performed? No
What test confirmed diagnosis? Clinical.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Lieberman M. D.
(Address) Winthrop Mass Date 10/20/1955

6 Tifereth Israel of Winthrop, Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL October 21, 1955

7 NAME OF FUNERAL DIRECTOR Benj. F. Foisman
ADDRESS 420 Harvard St., Brookline.

Received and filed OCT 21 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
9 COLOR OR RACE white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of Esther Aronson
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years ... Months ... Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Painting Contractor (retired)
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 033-26-3442

16 BIRTHPLACE (City)
(State or country) Russia

PARENTS

17 NAME OF FATHER Gabriel Leavitt

18 BIRTHPLACE OF FATHER (City)
(State or country) Russia

19 MAIDEN NAME OF MOTHER Florence (unknown)

20 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

21 Informant Reba Leavitt
(Address) 242 River Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 10/21/55

5OM-2-49-25666

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec.46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 216

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. ~~39 Grovers Ave.~~ Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank E Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 19 Beal St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 14 days. In place of residence 48 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 23 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 15 1955 to Oct 22 1955
I last saw him alive on Oct 22, 1955, death is said to have occurred on the date stated above, at 3:30 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma
Carcinoma

INTERVAL BETWEEN ONSET AND DEATH 6 mos.

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations none

Date of operation — Was autopsy performed? no

What test confirmed diagnosis? Clinical sign.

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] M. D.
(Address) [illegible] Date Oct 23 1955

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct. 26 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed OCT 26 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Divorced

10a If married, widowed, or divorced
HUSBAND of Esther Prenny
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years 9 Months 7 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Plasterer
(Kind of work done during most of working life)

14 Industry or Business: Building

15 Social Security No. 023-09-1979

16 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Anders E Anderson

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Sweden

19 MAIDEN NAME OF MOTHER Hannah Olson

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Sweden

21 Informant Anna Edwardson
(Address) 19 Beal St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Wakefield
(Signature of Agent of Board of Health or other)
Health Officer 10/26/55
(Official Designation) (Date of Issue of Permit)

V.E.L.

100M-10-53-910621

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 217

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 38 Forest St (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME May Weiner
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) none

(a) Residence. No. 38 Forrest St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 25 years ... months ... days. In place of residence 25 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 24 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from April, 1952, to October 24 1955
I last saw him alive on October 23 1955, death is said to have occurred on the date stated above, at 10:00 A.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarction	5 wks.
ANTECEDENT CAUSES Due To (b) Coronary Artery Heart Disease	4 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations
Date of operation None Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Lieberman M. D.
(Address) Winthrop, Mass. Date 10/24/1955

6 Place of Burial or Cremation Mishkan Tefila Mem. Park (City or Town) Mass.
DATE OF BURIAL Oct 26 1955

7 NAME OF FUNERAL DIRECTOR Henry Leone
ADDRESS 470 Harvard St Brookline

Received and filed OCT 24 1955 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Rachel Trattenberg
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years ... Months ... Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Tailor
(Kind of work done during most of working life)

14 Industry or Business: Ladies Sport Clothes

15 Social Security No. 032-14-0521

16 BIRTHPLACE (City) (State or country) Russia

PARENTS
17 NAME OF FATHER Kira Weiner
18 BIRTHPLACE OF FATHER (City) (State or country) Russia
19 MAIDEN NAME OF MOTHER Pearl Assner
20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Rachel Weiner
(Address) 38 Forrest St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/24/55 (Date of Issue of Permit)

V.I.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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RUCTIONS FOR CERTIFICATE

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The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 218

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Convelescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Defrost Woods 142 Pleasant St (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 27 Milton Ave St. Dorchester (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 14 days. In place of residence ..... years 4 months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 10 (Month) 24 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10-12, 1955, to 10-24, 1955

I last saw him alive on 10-27, 1955; death is said to have occurred on the date stated above, at 3:30 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis	6 hrs
ANTECEDENT CAUSES Due To (b) myocardial heart Disease	yrs
Due To (c) Arteriosclerosis	yrs
OTHER SIGNIFICANT CONDITIONS Parkinson's Disease, Rheumatoid Arthritis	yrs

Major findings: Of operations.....

Date of operation..... Was autopsy performed? .....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify.....
(Signed) [illegible], M. D.
(Address) [illegible] Date 1.31.55 19..

6 Woodlawn Everett (Place of Burial or Cremation) (City or Town)
DATE OF BURIAL Oct. 27 1955

7 NAME OF FUNERAL DIRECTOR Elwood F. Bryant
ADDRESS 101 Broadway Somerville

Received and filed OCT 25 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Ellen E. Homer (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years ..... Months ..... Days | If under 24 hours Hours. Minutes

13 Usual Occupation: Retired Blacksmith (Kind of work done during most of working life)

14 Industry or Business: Hoods Milk Co.

15 Social Security No. 021-05-1034A

16 BIRTHPLACE (City) Charlestown (State or country) Mass

PARENTS

17 NAME OF FATHER William Woods

18 BIRTHPLACE OF FATHER (City) Belfast (State or country) Maine

19 MAIDEN NAME OF MOTHER Frances Phinney

20 BIRTHPLACE OF MOTHER (City) ..... (State or country) Nova Scotia

21 Informant Ellen E. Woods
(Address) 27 Milton Ave Dorchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/25/55 (Date of Issue of Permit)

50M-2-49-25666

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec.46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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I R-301A

RUCTIONS FOR CERTIFICATE

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 219

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 12 Sewall Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joan (Simpson) Phillips
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 12 Sewall St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 15 years months 5 days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 25 (Day), 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from October 1953, to October 1955, I last saw her alive on October 24, 1955, death is said to have occurred on the date stated above, at 4:00 A.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Artery Heart Disease.	5 yrs.
ANTECEDENT CAUSES Due To (b) Arteriosclerosis	10 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Emphysema, Pulmonary	5 yrs.

Major findings:
Of operations
Date of operation Was autopsy performed? No.
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Lieberman M. D.
(Address) Winthrop Mass Date 10/25/1955

6 Westlawn Lowell
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct. 28 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed OCT 27 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of James Phillips
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 9 Months 1 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Unable to obtain
(State or country) Scotland

PARENTS

17 NAME OF FATHER Andrew Simpson

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Annabell Gordon

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Scotland

21 Informant Maud Wood
(Address) 12 Sewall Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
10/27/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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50M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 220

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 93 Pleasant St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John W. Burke
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 93 Pleasant St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 35 years ..... months ..... days. In place of residence 35 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct (Month) 26 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb 28 1952 to 26 October 1955
I last saw him alive on 18 Oct 1955 death is said to have occurred on the date stated above, at 4:45 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic Heart Disease	yrs
ANTECEDENT CAUSES Due To (b)	—
Due To (c) Generalized Arteriosclerosis	yrs
OTHER SIGNIFICANT CONDITIONS none	—

Major findings: Of operations none
Date of operation — Was autopsy performed? no
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Mass Date 27 Oct 1955

6 St Joseph's Cemetery Roxbury
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct 29 1955

7 NAME OF FUNERAL DIRECTOR Charles H. Treanor
ADDRESS East Boston

Received and filed OCT 28 1955 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M
9 COLOR OR RACE W.
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of Ellen Garrity
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Stationary Engineer
(Kind of work done during most of working life)

14 Industry or Business: Fuel Co.

15 Social Security No. None

16 BIRTHPLACE (City) Lancaster Mass
(State or country)

PARENTS
17 NAME OF FATHER James Burke
18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
19 MAIDEN NAME OF MOTHER Unknown
20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

21 Informant Ann Burke (Daughter)
(Address) 93 Pleasant St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer 10/27/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) Revere

Registered No. 221

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. Grover Lanor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabet Floyd (Perry)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 270 Pleasant Street St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 46 days. In place of residence 55 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 26, (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1955, to Oct. 26, 1955
I last saw her alive on Oct. 26, 1955, death is said to have occurred on the date stated above, at 12:45A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia	2 days
ANTECEDENT CAUSES Due To (b) Carcinoma of rectum	1 year
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations Carcinoma of rectum
Date of operation ..... Was autopsy performed? no
What test confirmed diagnosis? Pathology

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) James F. Burns, M. D.
(Address) 37 Edway, Everett Date Oct. 26, 1955

6 Winthrop Cemetery — Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL October 28, 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed NOV 10 1955 19..
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR OR RACE	10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
Female	White	Widowed

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Carl S. Floyd
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 1 Months 3 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. 031-28-1349

16 BIRTHPLACE (City) Essex Junction
(State or country) Vermont

PARENTS
17 NAME OF FATHER Charles Perry
18 BIRTHPLACE OF FATHER (City) .....
(State or country) Vermont
19 MAIDEN NAME OF MOTHER Ellen Brown
20 BIRTHPLACE OF MOTHER (City) .....
(State or country) Vermont

21 Informant Records, Old Age Bureau
(Address) Winthrop, Mass.

A TRUE COPY
ATTEST: [illegible]
(Registrar of City or Town where death occurred)

DATE FILED October 27, 1955

M R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. ~~9095~~ 222

1 PLACE OF DEATH
(County) BOSTON
(City or Town)
No. Long Island Hospital XX (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARGARET R DOHERTY
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 121 Taft Ave., XX Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 4 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Third degree flame burns of body and left arm
Toxemia
Arteriosclerotic heart disease presumably accidental

5 Accident, suicide, or homicide (specify)

Date and hour of injury June 11 19 55

Where did Injury occur? Winthrop
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Home
(Specify type of place)

Manner of Injury Clothing accidentally ignited
(How did injury occur?)

Nature of Injury at her home, June 11, 1955

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Brickley M. D.

(Address) Boston Date 10/4 19 55

7 Holy Cross Malden, Mass
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Oct 7 19 55

8 NAME OF FUNERAL DIRECTOR J Kelly

ADDRESS E Boston, Mass

Received and filed NOV 14 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX F

10 COLOR OR RACE W

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

11a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 70 Years Months Days | If under 24 hours Hours Minutes

14 Usual Occupation: ret. laundry worker
(Kind of work done during most of working life)

15 Industry or Business: Long Island Hospital

16 Social Security No. - - -

17 BIRTHPLACE (City) East Boston, Mass
(State or country)

PARENTS

18 NAME OF FATHER Roger Doherty

19 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

20 MAIDEN NAME OF MOTHER Ellen DeCourcey

21 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

22 Informant John A Hunter
(Address)

A TRUE COPY
ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Oct 7 19 55

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
NOV 14 AM

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Westborough (City or town making return)

Registered No. 223

1 PLACE OF DEATH — Worcester (County) — Westborough (City or Town)

No. Westborough State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth E. Foote (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 109 Circuit Road St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 7 years 8 months 15 days. In place of residence ... years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 13, (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1952, to Oct. 13, 1955

I last saw her alive on Oct. 12, 1955, death is said to have occurred on the date stated above, at 2:35 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of Left Breast with Metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Clinical Findings

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Miriam L. Gavarin M. D.

(Address) Westboro, Mass. Date 10/13/ 1955

6 Calvary Cemetery, Winthrop, Mass. Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 14, 1955

7 NAME OF FUNERAL DIRECTOR Andrew A. Athy

ADDRESS Worcester, Mass.

Received and filed NOV 14 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 8 Months 15 Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: None (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) St. Albans, (State or country) Vermont

PARENTS

17 NAME OF FATHER Francis H. Foote

18 BIRTHPLACE OF FATHER (City) (State or country) Canada

19 MAIDEN NAME OF MOTHER Frances Lynch

20 BIRTHPLACE OF MOTHER (City) (State or country) Canada

21 Informant Westborough State Hospital records (Address)

A TRUE COPY

ATTEST: Anne W. Drum (Registrar of City or Town where death occurred)

DATE FILED October 20, 1955

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
NOV 15 AM

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH — County: SUFFOLK — City or Town: BOSTON

(City or town making return) BOSTON

Registered No. ~~9398~~ 221

No. Mass. General Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances A Romano
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 30 Bellevue Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years 1 months 20 days. In place of residence 14 years ....months ....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 13/55 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1955, to Oct. 13, 1955

I last saw her alive on Oct. 13, 1955, death is said to have occurred on the date stated above, at 9:11 AM.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	Pulmonary emboli, multiple	Days
ANTECEDENT CAUSES Due To (b)	Phlebothrombosis, left popliteal, right iliac	~~Days~~
Due To (c)	Poliomyelitis, respiratory type	8 Weeks
OTHER SIGNIFICANT CONDITIONS		

Major findings: Of operations

Date of operation ....Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) C L Clay M. D.
(Address) Mass. Gen. Hospt. Date 10-13 1955

6 Winthrop Cem-Winthrop Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct. 15/55 19....

7 NAME OF FUNERAL DIRECTOR A B Marsh
ADDRESS Winthrop Mass.

Received and filed NOV 28 1955 19....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: F

9 COLOR OR RACE: W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Divorced

10a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of James Charles Romano
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 37 Years 10 Months 26 Days — If under 24 hours ....Hours ....Minutes

13 Usual Occupation: Telephone Operator
(Kind of work done during most of working life)

14 Industry or Business: N. Eng. Tel. & Tel. Co.

15 Social Security No. 009-07-9913

16 BIRTHPLACE (City) (State or country) Bellows Falls Vermont

PARENTS

17 NAME OF FATHER: Earl H Priest

18 BIRTHPLACE OF FATHER (City) (State or country): Mt. Holly Vermont

19 MAIDEN NAME OF MOTHER: Nathalie Fuller

20 BIRTHPLACE OF MOTHER (City) (State or country): Bellows Falls Vt.

21 Informant: Mrs Earl H Priest
(Address) 30 Bellevue St. Winthrop Mass.

A TRUE COPY
ATTEST: Charles H. Mack
(Registrar of City or Town where death occurred)

DATE FILED Oct. 17/55 19....

RECEIVED

NOV 28 AM

BOSTON

M R-302

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) 225

Registered No. 9589

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CATHERINE T GEORGE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 427 Winthrop St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days. 30

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 18 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 9/21, 19..., to 10/18, 19 55

I last saw her alive on 10/18, 1955, death is said to have occurred on the date stated above, at 9:05a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) carcinoma of biliary ducts

INTERVAL BETWEEN ONSET AND DEATH: -2yrs

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations laparotomy, liver biopsy

Date of operation 10/5/55 Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Clay M. D.

(Address) MGH Date 10/18 19 55

6 Winthrop Cem Winthrop, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 21 19 55

7 NAME OF FUNERAL DIRECTOR H Reynolds

ADDRESS Winthrop, Mass

Received and filed DEC 2 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR OR RACE W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Clifford E George
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 13 Months Days — If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. - -

16 BIRTHPLACE (City) Boston, Mass
(State or country)

PARENTS

17 NAME OF FATHER Frederick Pragge

18 BIRTHPLACE OF FATHER (City)
(State or country) Germany

19 MAIDEN NAME OF MOTHER Catherine McVoy

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Elmer E George
(Address)

A TRUE COPY
ATTEST: Charles H. Mack, D.
(Registrar of City or Town where death occurred)

DATE FILED Oct 24 19 55

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

RECEIVED
DEC-2

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

BOSTON

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 9590 226

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. N E Center Hospital St. X (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH D WALLACE (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 68 Locust St. Winthrop, Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 13 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 20 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10/7, 19..., to 10/20, 1955

I last saw him alive on 10/20, 1955, death is said to have occurred on the date stated above, at 4:00a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation ..... Was autopsy performed? no

What test confirmed diagnosis? biopsy of lymph node

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) D. L. Bloom M. D.

(Address) NECH Date 10/20 1955

6 Cong. Chevra Chai Odom W Roxbury (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL Oct 21 1955

7 NAME OF FUNERAL DIRECTOR H Torf

ADDRESS Brookline, Mass

Received and filed DEC 2 ... 19...

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR OR RACE: W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Celia Cohen (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years.....Months.....Days — If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Salesman (Kind of work done during most of working life)

14 Industry or Business: Dry goods

15 Social Security No. - - -

16 BIRTHPLACE (City) ..... (State or country) Russia

PARENTS

17 NAME OF FATHER Israel Wallace

18 BIRTHPLACE OF FATHER (City) ..... (State or country) Russia

19 MAIDEN NAME OF MOTHER -cannot be learned-

20 BIRTHPLACE OF MOTHER (City) ..... (State or country) Russia

21 Informant ..... (Address)

A TRUE COPY ATTEST: Charles H. Mackie (Registrar of City or Town where death occurred)

DATE FILED Oct 24 1955

RECEIVED
TO
DEC-2

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

BOSTON (City or town making return)

Registered No. 9794 227

No. Beth Israel Hospital ~~xxx~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPHINE NASTA (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 48 Bellevue Ave., ~~xxx~~ St. Winthrop, Mass (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 26 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10/18 19..., to 10/26, 19..., I last saw h... or alive on 10/26, 19 55, death is said to have occurred on the date stated above, at 10:20a. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) frontal lobe glioma

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS hypertension

Major findings: Of operations

Date of operation ..... Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H Goldblatt, M. D.
(Address) BIH Date 10/26 19 55

6 Place of Burial or Cremation Holy Cross Malden, Mass (City or Town)
DATE OF BURIAL Oct 29 19 55

7 NAME OF FUNERAL DIRECTOR M Burke
ADDRESS Boston, Mass

Received and filed DEC 8 1955 19...
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR OR RACE W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Ponziano Nasta
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. - - -

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER David Cargiulo

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Grace DeAngelis

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Mrs Grace McKay
(Address)

A TRUE COPY
ATTEST: Charles H Mack
(Registrar of City or Town where death occurred)

DATE FILED Oct 31 19 55

RECEIVED

TOWN CLERK
WINTHROP, MASS.

DEC-8 AM

R-301A

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 228

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William G. Wells
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) W W I

(a) Residence. No. 52 Sea View Ave., St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 8 days. In place of residence 65 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 6, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct, 1945, to Nov 6, 1955
I last saw him alive on Nov 5, 1955, death is said to have occurred on the date stated above, at 10 15 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Bronchopneumonia — 2 weeks

Major findings:
Of operations
Date of operation Was autopsy performed? No
What test confirmed diagnosis? X-Ray, ecg.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. Bernfeld M. D.
(Address) 147 Shirley St. Winthrop Mass Date Nov 7 1955

6 Vinthrop Vinthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL November 9 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass.

Received and filed NOV 7 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Mildred E. Dunn
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Ret Lt. Police
(Kind of work done during most of working life)

14 Industry or Business: Police

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER George E. Wells

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Catherine E. Haley

20 BIRTHPLACE OF MOTHER (City) Boston,
(State or country) Mass

21 Informant Mildred E. Wells
(Address) 52 Sea View Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
11/7/55
(Date of Issue of Permit)

V.Bu

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE October 4, 1917

DATE OF DISCHARGE July 17, 1919

RANK, RATING Serg't

ORGANIZATION AND OUTFIT Military Police Corps

SERVICE NUMBER 1665574

1665574

R-301A

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50M-10-52-908091

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 229

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. Bay View Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Alfonsine Becher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 45 Waldemar Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 6 months days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 9 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1953 to Nov. 9, 1955

I last saw her alive on Nov. 9, 1955 death is said to have occurred on the date stated above, at 12:30p m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Lobar pneumonia left lower lobe lung	16days
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Arteriosclerotic & hypertensive heart disease & Bronchial asthma	3 yrs. 5 yrs

Major findings: Of operations none

Date of operation none Was autopsy performed? no

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Maurice Trauchein Jr. M. D.
(Address) 562 Shirley St., Winthrop 52, Mass. Date Nov. 10/55

6 Place of Burial or Cremation Forrest Dale Cemetery, Holyoke, Mass Crematory Lawn (City or Town)

DATE OF BURIAL Nov. 18, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS

Received and filed NOV 10 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female

9 COLOR OR RACE white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of Edward Franz Becher
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 9 Months 1 Days | If under 24 hours Hours Minutes

13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Alsace-Loraine
(State or country) France

PARENTS

17 NAME OF FATHER Joseph Bollecker

18 BIRTHPLACE OF FATHER (City) Alsace Loraine
(State or country) France

19 MAIDEN NAME OF MOTHER Catherine Schyler

20 BIRTHPLACE OF MOTHER (City) Alsace Loraine
(State or country) France

21 Informant Edward E. Becher
(Address) 130 Circuit Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Gakes Jr.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/10/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 230

1 PLACE OF DEATH
Suffolk (County)
Winthrop, Mass (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bertha Nissel Marcus
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no.

(a) Residence. No. ~~41 Washington Ave~~ 185 Grovers Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 7 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. (Month) 10 (Day), 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Septi, 1954, to Nov. 10, 1955
I last saw her alive on Nov. 10, 1955, death is said to have occurred on the date stated above, at 9:10 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia	9 Days
ANTECEDENT CAUSES (b) Due To Arterio sclerotic Heart Disease.	1 yr.
(c) Due To	

OTHER SIGNIFICANT CONDITIONS NONE

Major findings:
Of operations
Date of operation ..... Was autopsy performed? No.
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Charles Lieberman M. D.
(Address) Winthrop, Mass Date Nov. 10, 1955

6 Hand in Hand, West Roxbury
Place of Burial or Cremation (City or Town)
DATE OF BURIAL November 13, 1955

7 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS 420 Harvard St., Brookline.

Received and filed NOV 14 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female
9 COLOR OR RACE white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Emanuel Marcus (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 97 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Germany

PARENTS

17 NAME OF FATHER Nissel Nissel (ok)

18 BIRTHPLACE OF FATHER (City) (State or country) Germany

19 MAIDEN NAME OF MOTHER Helene (un'known)

20 BIRTHPLACE OF MOTHER (City) (State or country) Germany

21 Informant Sara J. Becker
(Address) 30 Burt St., Dorchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Nellie F. Roberts
(Signature of Agent of Board of Health or other)

Health Officer 11/12/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 231

1 PLACE OF DEATH: Suffolk (County) Winthrop. (City or Town)
No. 25 Tewksbury St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lorette Brown (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 25 Tewksbury St Winthrop. St. Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years ....months ....days. In place of residence 11½ years ....months ....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov - 12 - 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute Cardiac Failure;

Probably Coronary Sclerosis

5 Accident, suicide, or homicide (specify) ....

Date and hour of injury ....19....

Where did Injury occur? .... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .... (Specify type of place)

Manner of Injury Found collapsed on her (How did injury occur?)

Nature of Injury bed room floor

While at work? .... Was autopsy performed? ....

6 Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) Wm. J. Brickley, M. D.

(Address) 13 Winthrop Nov-12- 1955

7 Place of Burial, or Cremation. St Joseph Cemetery, West Warwick (City or Town) R.I.

DATE OF BURIAL November 16, 1955

8 NAME OF FUNERAL DIRECTOR Robert-Potvin Funeral Home

ADDRESS 167 Wash. St., West Warwick, R.I.

Received and filed NOV 14 1955 19....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: Female

10 COLOR OR RACE: White

11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Divorced

11a If married, widowed, or divorced
HUSBAND of .... (Give maiden name of wife in full)
(or) WIFE of Walter Brown (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 50 Years 5 Months 2 Days | If under 24 hours ....Hours ....Minutes

14 Usual Occupation: Housewife (Kind of work done during most of working life)

15 Industry or Business: At home

16 Social Security No. None

17 BIRTHPLACE (City) Coventry (State or country) R.I.

PARENTS

18 NAME OF FATHER Horace Charpentier

19 BIRTHPLACE OF FATHER (City) .... (State or country) Canada

20 MAIDEN NAME OF MOTHER Addee Charpentier (O.K.)

21 BIRTHPLACE OF MOTHER (City) .... (State or country) Canada

22 Informant Mrs. Clifton Woodmansee
(Address) 93 First St., West Warwick R.I.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/14/55 (Date of Issue of Permit)

M.S.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 232

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby (Boy) Day
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 45 Winthrop Shore Drive St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 16 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 14 Nov., 1955, to Nov 16, 1955
I last saw him alive on 16 November, 1955, death is said to have occurred on the date stated above, at 6 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Anoxia	48 hrs
ANTECEDENT CAUSES Due To (b) Atelectasis	48 hrs
Due To (c) Prematurity	—
OTHER SIGNIFICANT CONDITIONS —	

Major findings: Of operations —
Date of operation — Was autopsy performed? yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Date 17 Nov 1955

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Nov. 19 1955

7 NAME OF FUNERAL DIRECTOR Lawrence Reynolds
ADDRESS Winthrop Mass

Received and filed NOV 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 2 Days
If under 24 hours Hours Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

17 NAME OF FATHER Albert D Day

18 BIRTHPLACE OF FATHER (City) Hamilton
(State or country) Ontario

19 MAIDEN NAME OF MOTHER Patricia A Fletcher

20 BIRTHPLACE OF MOTHER (City) Columbus
(State or country) Ohio

21 Informant Albert D Day
(Address) 45 Winthrop Shore Drive

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker D.
(Signature of Agent of Board of Health or other)
Health Officer 11/18/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 233

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Doherty
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 25 Lincoln Terrace St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOVEMBER (Month) 16 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1955 to Nov. 16, 1955
I last saw her alive on Nov. 16, 1955, death is said to have occurred on the date stated above, at 9:00 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ANENCEPHALY — INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS PREMATURITY - 7 MOS

Major findings: Of operations NONE
Date of operation ..... Was autopsy performed? No.
What test confirmed diagnosis? Clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) M. Faulkner Jr. M. D.
(Address) 562 Shirley St. Winthrop Date Nov. 16, 1955

6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Nov. 16 1955

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 147 Winthrop St. Winthrop

Received and filed NOV 16 1955 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE .....Years .....Months.....Days — If under 24 hours .....Hours .....Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

17 NAME OF FATHER David Doherty

18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Catherine S. Crombie

20 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass.

21 Informant David Doherty
(Address) 25 Lincoln Ter., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Mattie G. Baker
(Signature of Agent of Board of Health or other)
H.C.
(Official Designation) 11/16/55 (Date of Issue of Permit)

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

NOV 16 PM
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50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 231

1 PLACE OF DEATH

Suffolk (County) Revere 2-55

Winthrop (City or Town)

No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Odelia Holroyd
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 29 Harrington St. Revere Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 28 days. In place of residence 30 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 17 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan., 19 46, to Nov. 17, 1955
I last saw her alive on Nov 12, 1955, death is said to have occurred on the date stated above, at 12:30 A.M.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CEREBRAL Thrombosis.	1 Month
ANTECEDENT CAUSES Due To (b) Arteriosclerosis	8 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Cardiac Failure	1 day

Major findings:
Of operations
Date of operation ..... Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Andrew Chafin M. D.
(Address) 603 Broadway Revere Date Nov. 17 1955

6 Place of Burial or Cremation Bellevue Cemetery Lawrence Mass.
(City or Town)
DATE OF BURIAL November 19, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV 18 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR OR RACE: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Charles H. Holroyd
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 6 Months 27 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Canada

PARENTS

17 NAME OF FATHER Mason

18 BIRTHPLACE OF FATHER (City) (State or country) Canada

19 MAIDEN NAME OF MOTHER unable to obtain

20 BIRTHPLACE OF MOTHER (City) (State or country) Canada

21 Informant Mrs. Ethel L. Coakley
(Address) 181 Mystic St. Arlington

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 11/18/55
(Official Designation) (Date of Issue of Permit)

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 235

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. WINTHROP COMMUNITY HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BABY GIRL SULLIVAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NONE

(a) Residence. No. 221 WINTHROP St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOV (Month) 18 (Day) 1955 (Year)

4 I HEREBY CERTIFY That I attended deceased from NOV 18, 1955, to ....., 19....
I last saw her alive on NOV. 18, 1955, death is said to have occurred on the date stated above, at 12 19 P m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) PREMATURITY — INTERVAL BETWEEN ONSET AND DEATH 1½ hrs

ANTECEDENT CAUSES Due To (b) .....

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS .....

Major findings:
Of operations NONE
Date of operation NONE Was autopsy performed? No.
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? NO.
If so, specify .....
(Signed) Myron N. King M.D. M. D.
(Address) 222 PLEASANT ST. WINTHROP Date 11/18 1955

6 HOLY CROSS MALDEN
Place of Burial or Cremation (City or Town)
DATE OF BURIAL NOVEMBER 19 1955

7 NAME OF FUNERAL DIRECTOR Daniel A. Willis
ADDRESS 3 DEXTER ROW CHARLESTOWN

Received and filed NOV 21 1955 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE
9 COLOR OR RACE WHITE
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced
HUSBAND of —
(Give maiden name of wife in full)
(or) WIFE of —
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ..... Years ..... Months ..... Days — If under 24 hours ..... Hours 5 Minutes

13 Usual Occupation: —
(Kind of work done during most of working life)

14 Industry or Business: —

15 Social Security No. —

16 BIRTHPLACE (City) WINTHROP
(State or country) MASS

PARENTS

17 NAME OF FATHER JOHN D. SULLIVAN

18 BIRTHPLACE OF FATHER (City) BOSTON
(State or country) MASS

19 MAIDEN NAME OF MOTHER CAROL M. MACDONALD

20 BIRTHPLACE OF MOTHER (City) SOMERVILLE
(State or country) MASS

21 Informant JOHN D. SULLIVAN
(Address) 221 WINTHROP ST. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
H.C. NOV. 19 - 1955
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 236

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 142 Pleasant St — Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Di Wasso
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) W.W.I

(a) Residence. No. 176 Revere St St. Revere, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 7 days. In place of residence 55 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 1 (Month) 19 — (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1955, to Nov 19 — 1955
I last saw him alive on Nov 19, 1955, death is said to have occurred on the date stated above, at 5 P.M.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Bronchogenic CARCINOMA METASTASIS Ribs	6 Mos.
ANTECEDENT CAUSES	Due To (b) CARCINOMA of Upper Lobe	6 Mos
	Due To (c)	
OTHER SIGNIFICANT CONDITIONS	CARDIAC FAILURE	1 day

Major findings:
Of operations
Date of operation ..... Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Andrew Lattuca, M. D.
(Address) 603 Boston Date Nov 21 1955

6 Holy Cross Cem. Place of Burial or Cremation Malden (City or Town)
DATE OF BURIAL Nov. 22, 1955

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio
ADDRESS 128 Revere St Revere

Received and filed NOV 21 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 10 Months — Days
If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Bricklayer
(Kind of work done during most of working life)

14 Industry or Business: Self-employed

15 Social Security No. 022-16-7926

16 BIRTHPLACE (City) (State or country) Italy

PARENTS
17 NAME OF FATHER Joseph Di Masso
18 BIRTHPLACE OF FATHER (City) (State or country) Italy
19 MAIDEN NAME OF MOTHER Maria Grazia Gallon
20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Angelo Di Masso
(Address) 42 Beach St Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker Jr.
(Signature of Agent of Board of Health or other)
Health Officer 11/21/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE April 2, 1918

DATE OF DISCHARGE April 28, 1919

RANK, RATING Private

ORGANIZATION AND OUTFIT Co. L 103rd Inf. Reg. A.E.F.

SERVICE NUMBER 1688972

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100M-10-53-910621

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 237

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 104 Highland Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Josephine Halsall
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 27 Sewall Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 11 months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 19 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from September 25, 1948, to November 19, 1955
I last saw him alive on November 17 1955, death is said to have occurred on the date stated above, at 2:45 A.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage	4 weeks
ANTECEDENT CAUSES Due To (b) Arteriosclerosis	7 years
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dorothy Cheney Appleton, M. D.
(Address) 170 Woodside Ave. Winth. Mass. Date 11/21 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL Nov. 22 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed Nov. 21, 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 2 Months 27 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Bookkeeper
(Kind of work done during most of working life)

14 Industry or Business: Lumber Co.

15 Social Security No. None

16 BIRTHPLACE (City) Unable to obtain
(State or country) England

PARENTS

17 NAME OF FATHER John P Halsall

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) England

19 MAIDEN NAME OF MOTHER Ann Derbershire

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) England

21 Informant Frederick W Halsall
(Address) 27 Sewall Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Dakey
(Signature of Agent of Board of Health or other)
Health Officer 11/21/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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50M-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 238

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 20 Bellevue Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Ann Godfrey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 20 Bellevue Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 16 years ... months ... days. In place of residence 16 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 21 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10/2, 1934, to Nov. 21, 1955

I last saw him alive on 11/19, 1955, death is said to have occurred on the date stated above, at 4:40 A m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) GENERAL CARCINOMATOSIS	8 mo.
ANTECEDENT CAUSES Due To (b) SCIRRHOUS CARCINOMA RT. BREAST	8 YRS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations As Above

Date of operation 1947 Was autopsy performed? No

What test confirmed diagnosis? PATHOLOGY & X-RAYS.

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Myron N. King M D, M. D.
(Address) 222 PLEASANT ST WINTHROP Date 11/22 1955

6 Winthrop Cemetery, Winthrop Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 23, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV 23 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female

9 COLOR OR RACE: white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Richard Joseph Godfrey
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 9 Months 20 Days — If under 24 hours: Hours Minutes

13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 011-10-3948

16 BIRTHPLACE (City) London
(State or country) England

PARENTS

17 NAME OF FATHER Robert John Barr

18 BIRTHPLACE OF FATHER (City)
(State or country) England

19 MAIDEN NAME OF MOTHER Elliott

20 BIRTHPLACE OF MOTHER (City)
(State or country) England

21 Informant Mrs. Alphonse Caruna
(Address) 20 Bellevue Avenue

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

11/22/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

RECEIVED
NOV 23 1945
THROP.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 239 ~~10630~~

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. St. Elizabeth's Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian McNaught
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 92 Plummer Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 28 days. In place of residence 44 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 21/55 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1955, to Nov. 21, 1955
I last saw her alive on Nov. 21 1955 death is said to have occurred on the date stated above, at 3:35PM m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Post operative intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 Weeks

ANTECEDENT CAUSES Due To (b) ....

Due To (c) ....

OTHER SIGNIFICANT CONDITIONS Acute suppurative tracheo bronchitis bilateral parotitis — 1 Week

Major findings: Of operations Fibroid uterus; intest. obst.
Date of operation .... Was autopsy performed? Yes
What test confirmed diagnosis? ....

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) J E Doherty M. D.
(Address) St. Eliz. Hospt. Date 11-22 1955

6 Winthrop Cem-Winthrop Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Nov. 25/55 19....

7 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop Mass.

Received and filed NOV 30 1955 19....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: F
9 COLOR OR RACE: W
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of Franklyn C McNaught
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 45 Years 4 Months 22 Days — If under 24 hours ....Hours ....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Swampscott
(State or country)

PARENTS

17 NAME OF FATHER George Merrill

18 BIRTHPLACE OF FATHER (City) Moncton N.B.
(State or country)

19 MAIDEN NAME OF MOTHER Ellen Swimm

20 BIRTHPLACE OF MOTHER (City) Prince Edward Island
(State or country)

21 Informant Franklyn C McNaught
(Address)

A TRUE COPY
ATTEST: Charles H. Inscoe
(Registrar of City or Town where death occurred)

DATE FILED Nov. 28/55 19....

RECEIVED

NOV 30

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 240

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 88 Winthrop Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mae Dorothy (Reid) Raynard
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 88 Winthrop Street St.
(Usual place of abode) 4 (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 4 years ....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. (Month) 23 (Day), 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan., 1950, to Nov. 23, 1955
I last saw her alive on Nov. 23, 1955, death is said to have occurred on the date stated above, at 5:00 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage	1day.
ANTECEDENT CAUSES Due To (b) Hypertensive-Cerebral Vascular Disease	5yrs.
Due To (c) Left Hemiparesis	5yrs.
OTHER SIGNIFICANT CONDITIONS None.	

Major findings:
Of operations.....
Date of operation.....Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Charles Lebeuque M. D.
(Address) Winthrop, Mass Date 11/24/1955

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Nov. 26 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed NOV 25 1955 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of Alton J Raynard
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 0 Months 12 Days | If under 24 hours ....Hours....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia

PARENTS
17 NAME OF FATHER Caleb Reid
18 BIRTHPLACE OF FATHER (City) St John
(State or country) Newfoundland
19 MAIDEN NAME OF MOTHER Selina Miller
20 BIRTHPLACE OF MOTHER (City) St John
(State or country) Newfoundland

21 Informant Alton J Raynard
(Address) 88 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/25/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

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. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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TRUCTIONS FOR L CERTIFICATE

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50M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 241

1 PLACE OF DEATH: Suffolk (County) — Boston 12-5-55
Winthrop (City or Town)
No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J. Walsh 172 Plymouth St
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 251 Princeton St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov (Month) 24 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov, 1955, to Nov 24, 1955

I last saw him alive on Nov 24, 1955, death is said to have occurred on the date stated above, at 9 A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerosis	2 yrs
ANTECEDENT CAUSES Due To (b) Degenerative disease lumbar spine	2 yrs
Due To (c) Myocardial-Infarction	1 week
OTHER SIGNIFICANT CONDITIONS Cardiac Failure	1 day

Major findings:
Of operations.....
Date of operation..... Was autopsy performed?.....
What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Gordon Cartwright, M. D.
(Address) 603 Broadway Revere Date Nov. 25 1955

6 Holy Cross Place of Burial or Cremation — Malden (City or Town)
DATE OF BURIAL Nov 28 1955

7 NAME OF FUNERAL DIRECTOR Frederick J. Lucignani
ADDRESS East Boston

Received and filed NOV 25 1955 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male | 9 COLOR OR RACE White | 10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed or divorced HUSBAND of Marie O'Leary
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Longshoreman
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 022-10-8895

16 BIRTHPLACE (City) (State or country) New Foundland

PARENTS

17 NAME OF FATHER John J. Walsh

18 BIRTHPLACE OF FATHER (City) (State or country) New Foundland

19 MAIDEN NAME OF MOTHER Not Known

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Mary Gorman
(Address) 251 Princeton St. E Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
11/29/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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50M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 242

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. 96 Bellevue Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Arnesani
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 96 Bellevue Ave., Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 12 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 25, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 17, 1955, to Nov. 25, 1955

I last saw him alive on Nov 25, 1955 death is said to have occurred on the date stated above, at 12:30 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of Stomach	15 mos
ANTECEDENT CAUSES Due To (b) —	
Due To (c) —	
OTHER SIGNIFICANT CONDITIONS none	

Major findings: Of operations Carcinoma of Stomach

Date of operation April 1954 Was autopsy performed? no

What test confirmed diagnosis? Microscopic Exam

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Charles F. Burgess M. D.
(Address) 154 Benning St. E. Boston Date Nov. 26 1955

6 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 28, 1955

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed NOV 28 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male

9 COLOR OR RACE white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Frances Stariti
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: Barber
(Kind of work done during most of working life)

14 Industry or Business: self employed

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER Louie Arnesani

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Francesca (unknown)

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Frances Arnesani
(Address) 96 Bellevue Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Bakey
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/27/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 243

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 9 Maple Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Theodore N Waddell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 9 Maple Rd. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 40 years months days. In place of residence 46 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 28 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July, 1954, to Nov, 1955
I last saw him alive on 15 Nov, 1955, death is said to have occurred on the date stated above, at 4 A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic Heart Disease	25 yrs
ANTECEDENT CAUSES Due To (b) Generalized Arteriosclerosis	25 yrs
Due To (c) —	—
OTHER SIGNIFICANT CONDITIONS —	—

Major findings: Of operations none
Date of operation — Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray, M. D.
(Address) Winthrop, Mass Date 29 Nov 1955

6 Rome Rome Ohio
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Dec. 2 55

7 NAME OF FUNERAL DIRECTOR Edward S Reynolds
ADDRESS Winthrop Mass

Received and filed NOV 29 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male | 9 COLOR OR RACE White | 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Ethel E Eaton
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 7 Months 24 Days | If under 24 hours Hours Minutes

13 Usual Occupation Director of Accounts (Retired
(Kind of work done during most of working life)

14 Industry or Business: Commonwealth of Mass.

15 Social Security No. None

16 BIRTHPLACE (City) Proctorville
(State or country) Ohio

PARENTS

17 NAME OF FATHER Abram Waddell

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Ohio

19 MAIDEN NAME OF MOTHER Julia ~~Jellett~~ Gillett

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Ohio

21 Informant Ethel E Waddell
(Address) 9 Maple Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Rabe
(Signature of Agent of Board of Health or other)
H. O. Clerk
(Official Designation)
Nov. 29/55
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

NOV 29 RECEIVED

R-301A

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 244

PLACE OF DEATH
1 County: SUFFOLK
City or Town: WINTHROP
No. WINTHROP COMMUNITY HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME IDA (FELDMAN) SILVERMAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 110 SUMMIT ~~ST~~ AVE. St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 19 days. In place of residence 18 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. (Month) 29 (Day) 1955. (Year)

4 I HEREBY CERTIFY, That I attended deceased from June, 1947, to Nov. 29, 1955
I last saw her alive on Nov. 29, 1955, death is said to have occurred on the date stated above, at 6:00 A.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pyelonephritis	6yrs.
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus	7yrs.

Major findings:
Of operations
Date of operation ..... Was autopsy performed? No.
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Charles Lieberman, M. D.
(Address) Winthrop Mass. Date 11/29/1955

6 BETH ISRAEL CEM. N. READING
Place of Burial or Cremation (City or Town)
DATE OF BURIAL 11/29/55 19

7 NAME OF FUNERAL DIRECTOR MURRAY GOLDMAN
ADDRESS 174 FERRY ST MALDEN

Received and filed NOV 28 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR OR RACE WHITE
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) MARRIED

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of DAVID SILVERMAN
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 6 Months 8 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: HOUSEWIFE
(Kind of work done during most of working life)

14 Industry or Business AT HOME

15 Social Security No.

16 BIRTHPLACE (City) (State or country) RUSSIA

PARENTS
17 NAME OF FATHER ABRAHAM FELDMAN
18 BIRTHPLACE OF FATHER (City) (State or country) RUSSIA
19 MAIDEN NAME OF MOTHER ADA (UNKNOWN)
20 BIRTHPLACE OF MOTHER (City) (State or country) RUSSIA

21 Informant DAVID SILVERMAN
(Address) 110 SUMMIT ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer 11/29/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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:UCTIONS FOR CERTIFICATE

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 245

1 PLACE OF DEATH
County: Suffolk
City or Town: Winthrop
No. Winthrop Comp. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James J. Lanahy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence (Usual place of abode) No. 64 Prospect Ave St. (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months 1 days. In place of residence 20 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. (Month) 30 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 24 1955 to Nov. 30 1955
I last saw him alive on Nov. 30 1955 death is said to have occurred on the date stated above, at 4:30 p.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarct	1 week
ANTECEDENT CAUSES Due To (b) Sclerotic Heart disease	1 year
Due To (c)	
OTHER SIGNIFICANT CONDITIONS None	

Major findings: Of operations
Date of operation ... Was autopsy performed? No
What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) 32 [illegible] Dec 1 1955

6 CALVARY (Place of Burial or Cremation) BOSTON (City or Town)
DATE OF BURIAL Dec. 3 1955

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS Winthrop

Received and filed DEC 2 1955 19 ...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Mary G. Lydon (give maiden name of wife in full)
(or) WIFE of ... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years ... Months ... Days | If under 24 hours: Hours ... Minutes

13 Usual Occupation Asst Supt of Maintance (Kind of work done during most of working life)

14 Industry or Business: Bank, Maintenance

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS
17 NAME OF FATHER James J.
18 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)
19 MAIDEN NAME OF MOTHER Mary A. O'Brien
20 BIRTHPLACE OF MOTHER (City) South Boston (State or country) Mass

21 Informant Mrs James Lanahy
(Address) 64 Prospect Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/2/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M.5.55.915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return) 246

Registered No. 10326

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. The Children's Medical Center St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LINDA LETTERMAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 176 Shore Drive St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 12 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10/31 19..., to 11/12, 1955
I last saw her alive on 11/12, 1955, death is said to have occurred on the date stated above, at 12:40a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) mixed mesenchymal tumor	4wks
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS c.coli septicemia	1wk

Major findings:
Of operations
Date of operation ..... Was autopsy performed? yes
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. G. Guntheroth M. D.
(Address) 300 Longwood Ave Date 11/12 1955

6 Pride of Boston Woburn, Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Nov 13 1955

7 NAME OF FUNERAL DIRECTOR A.Golov
ADDRESS Brookline, Mass

Received and filed ..... 19...
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR OR RACE W
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 5 Years 2 Months ..... Days
If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop, Mass
(State or country)

PARENTS

17 NAME OF FATHER Frank Letterman

18 BIRTHPLACE OF FATHER (City) Boston, Mass
(State or country)

19 MAIDEN NAME OF MOTHER Rosalind Dinsfriend

20 BIRTHPLACE OF MOTHER (City) Cambridge, Mass
(State or country)

21 Informant
(Address)

A TRUE COPY
ATTEST: Charles A. Flaherty
(Registrar of City or Town where death occurred)

DATE FILED Nov 15 1955

RECEIVED

DEC 28

1 R-305

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH

1 SUFFOLK (County)
BOSTON (City or Town)

BOSTON (City or town making return)

Registered No. 10591 247

No. En route to Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MAE LEIBOVITZ
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 18 Cross St., St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 19 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 21, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Hypertensive heart disease

Congestive heart disease

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did Injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)

Manner of Injury Collapsed at home; died en
(How did injury occur?)

Nature of Injury to hospital

While at work? .....Was autopsy performed? .....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Wm J Brickley M. D.

(Address) Boston Date 11/21 19 55

7 Ohel Jacob Woburn, Mass.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL November 22, 1955 19.....

8 NAME OF FUNERAL DIRECTOR Aaron Golov

ADDRESS 1668 Beacon St., Brookline

Received and filed JAN 3 1956 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX	10 COLOR OR RACE	11 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
F	W	Widowed

11a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of Barnet Leibovitz
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 55 Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

14 Usual Occupation: Housework
(Kind of work done during most of working life)

15 Industry or Business: at home

16 Social Security No. none

17 BIRTHPLACE (City) Chelsea
(State or country) Mass

PARENTS

18 NAME OF FATHER David Solomon

19 BIRTHPLACE OF FATHER (City) Russia
(State or country)

20 MAIDEN NAME OF MOTHER Elizabeth Rosenthal

21 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

22 Informant Son
(Address)

A TRUE COPY.
ATTEST: Clark H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED November 25, 1955 19.....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

d-Dec. Court

RECEIVED
TOWN LIBRARY
WINTHROP, MASS.
JAN-3

M R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 10688 248

1 PLACE OF DEATH: SUFFOLK (County); BOSTON (City or Town); No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SIDNEY F ASTON (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) WW 1

(a) Residence. No. 186 Winthrop St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 6 days. In place of residence 3 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 22, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Septicemia cerebral laceration fracture of leg.

5 Accident, suicide, or homicide (specify)

Date and hour of injury Nov 16 55 19

Where did Injury occur? Chelsea (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury Fall from window - manner (How did injury occur?)

Nature of Injury undetermined

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Ford M. D.

(Address) Boston Date 11/23 19 55

7 Winthrop Place of Burial, or Cremation. Winthrop (City or Town)

DATE OF BURIAL November 26, 1955 19

8 NAME OF FUNERAL DIRECTOR Arthur J O'Maley

ADDRESS Winthrop, Mass.

Received and filed JAN 6 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M

10 COLOR OR RACE W

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

11a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 63 Years....Months....Days. If under 24 hours ....Hours....Minutes

14 Usual Occupation: Hospital patient (Kind of work done during most of working life)

15 Industry or Business: Soldiers' Home, Chelsea

16 Social Security No. -

17 BIRTHPLACE (City) (State or country) Nova Scotia

PARENTS

18 NAME OF FATHER George Aston

19 BIRTHPLACE OF FATHER (City) (State or country) England

20 MAIDEN NAME OF MOTHER Julia Walsh

21 BIRTHPLACE OF MOTHER (City) (State or country) England

22 Informant sister (Address)

A TRUE COPY, ATTEST: Charles A. Macdo (Registrar of City or Town where death occurred)

DATE FILED November 29, 1955 19

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M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

REVERE (City or town making return)

Registered No. 249

1 PLACE OF DEATH: Suffolk (County); Revere (City or Town)

No. Grover Manor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Durditt (McIsaac) (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 81 Somerset Avenue St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 4 days. In place of residence ....years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 22, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1955, to Nov. 22, 1955

I last saw her alive on Nov. 22, 1955, death is said to have occurred on the date stated above, at 5:10A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Massive cerebral hemorrhage	1 week
ANTECEDENT CAUSES Due To (b) Arteriosclerotic heart disease	2 years
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations none

Date of operation ....Was autopsy performed? no

What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James J. Burns M. D. M. D.

(Address) 37 Quincy, Everett Date Nov. 22 1955

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 25, 1955

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS 210 Winthrop St., Winthrop

Received and filed DEC 1955 19....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of Harry E.
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years....Months....Days — If under 24 hours ....Hours....Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Nova Scotia
(State or country)

PARENTS

17 NAME OF FATHER Hugh McIsaac

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Ann Smith

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

21 Informant Harry E. Durditt
(Address) 81 Somerset Ave., Winthrop

A TRUE COPY
ATTEST: ....
(Registrar of City or Town where death occurred)

DATE FILED November 28, 1955

V.E.V.

RECEIVED
DEC 13

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Cambridge (City or town making return)

Registered No. 1806 251

1 PLACE OF DEATH: Middlesex (County); Cambridge (City or Town)

No. Holy Ghost Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Hasson (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 24 Fairview St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 5 months 2 days. In place of residence 58 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 30, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 28, 1955, to Nov. 30, 1955

I last saw her alive on Nov. 30, 1955, death is said to have occurred on the date stated above, at 2:45a m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bilateral Bronchopneumonia

ANTECEDENT CAUSES Due To (b) Old Cerebro Vascular accident

Due To (c) Arteriosclerotic Hypertension

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation ... Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George P. Smith M. D.

(Address) Holy Ghost Hosp. Date 11/30/ 1955

6 Holy Cross Cem. Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 3, 1955

7 NAME OF FUNERAL DIRECTOR John C. Kelly

ADDRESS 286 Meridian St. E. Boston

Received and filed JAN 4 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR OR RACE: White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced
HUSBAND of ... (Give maiden name of wife in full)
(or) WIFE of ... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years ... Months 11 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. none

16 BIRTHPLACE (City) East Boston (State or country) Mass.

PARENTS

17 NAME OF FATHER John Hasson

18 BIRTHPLACE OF FATHER (City) ... (State or country) Ireland

19 MAIDEN NAME OF MOTHER Elizabeth Hassan

20 BIRTHPLACE OF MOTHER (City) ... (State or country) Ireland

21 Informant John E. Ego
(Address) 35 Torrey St. Dorchester

A TRUE COPY
ATTEST: Frederick H. Burke
(Registrar of City or Town where death occurred)

DATE FILED Dec. 2, 1955

V.R.

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TOWN OF WINTHROP, MASS.
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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 352

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 586 Shirley Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank C Jackson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 586 Shirley Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 1st 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July, 1955 to Dec. 1st, 1955
I last saw him alive on Nov. 30, 1955, death is said to have occurred on the date stated above, at 5:15 A m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) hypertensive Heart Disease	yrs
ANTECEDENT CAUSES Due To (b) arteriosclerosis generalized	yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS nephrosclerosis	yrs

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Wm. Pressone, M. D.
(Address) 91 Washington St Date 12-2 1955

6 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Dec. 3 1955

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed DEC 2 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Ethel B Colby
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: Interior Decorator
(Kind of work done during most of working life)

14 Industry or Business: Self

15 Social Security No. None

16 BIRTHPLACE (City) Morrill
(State or country) Maine

PARENTS
17 NAME OF FATHER Horace
18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)
19 MAIDEN NAME OF MOTHER Charlott Hamilton
20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant Ethel B Jackson
(Address) 586 Shirley St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 12/2/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

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ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 253

Boston 1-9-56

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Cmu. Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby Boy) Jodoin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. ~~V 9 Chelsea St.~~, E. Boston, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence ....years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 12 (Month) 1 (Day) 55 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 12/1, 19..., to ..., 19...

I last saw h... alive on 12/..., 19..., death is said to have occurred on the date stated above, at 1.55 A m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Prematurity - 5 mons

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation ... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) 195 [illegible] Date Dec 1, 19 55

6 Place of Burial or Cremation St. Michael Cemetery (City or Town) Boston
DATE OF BURIAL Dec. 7, 19 55

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St., E. Boston, Mass.

Received and filed DEC 5 1955 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

10a If married, widowed, or divorced
HUSBAND of ...
(Give maiden name of wife in full)
(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ....Years....Months....Days — If under 24 hours ....Hours 25 Minutes

13 Usual Occupation: ...
(Kind of work done during most of working life)

14 Industry or Business: ...

15 Social Security No. ...

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

17 NAME OF FATHER Sylvio Jodoin

18 BIRTHPLACE OF FATHER (City) Burlington
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Alice Normand

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country) N.H.

21 Informant Sylvio Jodoin
(Address) Burlington, Vt.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer — 12-5-55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

I R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 251

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital, Hathorne, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fred E. Brown
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 1020 Shirley St., Winthrop, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years 10 months 0 days. In place of residence ..years ..months ..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 2, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1955, to Dec. 2, 1955

I last saw him alive on Dec. 2, 1955, death is said to have occurred on the date stated above, at 8:25a. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: Yrs.

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations
Date of operation ..Was autopsy performed? No
What test confirmed diagnosis? Clinical & Lab.

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Andrew Nichols III M. D.
(Address) Hathorne, Mass. Date 12/2/ 1955

6 Farmington, Farmington, N. H.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Dec. 6, 1955

7 NAME OF FUNERAL DIRECTOR J. E. Henderson Co.
ADDRESS Everett, Mass.

Received and filed JAN 12 1956 19..
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of Unknown
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 0 Months 24 Days
If under 24 hours ..Hours ..Minutes

13 Usual Occupation: Leather Worker - retired
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Unknown

16 BIRTHPLACE (City) Lynn
(State or country) Mass.

PARENTS

17 NAME OF FATHER Norman Brown

18 BIRTHPLACE OF FATHER (City)
(State or country) Canada

19 MAIDEN NAME OF MOTHER Amelia Scott

20 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY
ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED December 5, 1955

RECEIVED
JAN 12 1965

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 255

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 24 Atlantic St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank M. Mayer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 24 Atlantic St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 50 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 3, 1955.
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1951, to Dec. 3, 1955.
I last saw him alive on Dec. 2, 1955, death is said to have occurred on the date stated above, at 4:00 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Thrombosis	1/2 hr.
ANTECEDENT CAUSES Due To (b) Arteriosclerotic Heart Disease	4 yrs.
Due To (c) Generalized Arteriosclerosis	10 yrs.
OTHER SIGNIFICANT CONDITIONS None	

Major findings: Of operations None
Date of operation ..... Was autopsy performed? No.
What test confirmed diagnosis? Clinical + Laboratory

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Maurice Tourstein, Jr. M. D.
(Address) 502 Shirley St. Winthrop Date Dec. 3, 1955

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 6 1955 19

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed DEC 5 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR OR RACE	10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Male	White	Married

10a If married, widowed, or divorced
HUSBAND of Mary Sears
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 11 Months — Days If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Retired Yardmaster
(Kind of work done during most of working life)

14 Industry or Business: Railroad

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
17 NAME OF FATHER (Cannot be learned) Mayer
18 BIRTHPLACE OF FATHER (City)
(State or country) Germany
19 MAIDEN NAME OF MOTHER Minnie Burke
20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Mary S. Mayer
(Address) 24 Atlantic St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 12/5/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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100M-10-53-910621

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 256

Somerville 1-9-56

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah E. Binney (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 162 Central St. Somerville, Mass. (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 18 days. In place of residence 75 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec (Month) 9 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 27 1955, to Dec 9 1955

I last saw her alive on Dec 9 1955, death is said to have occurred on the date stated above, at 10:05 P.M.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Cerebral Hemorrhage	17 days
ANTECEDENT CAUSES	Due To (b) Arterio Sclerosis	10 yrs.
	Due To (c)	
OTHER SIGNIFICANT CONDITIONS	Bronchopneumonia	7 days

Major findings: Of operations

Date of operation ..... Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles Liberman M. D.

(Address) Winthrop Date 12/10/1955

6 Place of Burial or Cremation Mt. Auburn Cem. Cambridge, Mass. (City or Town)

DATE OF BURIAL Dec. 12 1955

7 NAME OF FUNERAL DIRECTOR F. M. Wilson, Inc.

ADDRESS 28 College Ave. Somerville, Mass.

Received and filed DEC 12 1955 19 .....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: F

9 COLOR OR RACE: W.

10 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~or DIVORCED~~ (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of Edward Ayers Binney (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. —

16 BIRTHPLACE (City) Troy (State or country) N. Y.

PARENTS

17 NAME OF FATHER James M. Smith

18 BIRTHPLACE OF FATHER (City) Lunenburg (State or country) N. Y.

19 MAIDEN NAME OF MOTHER Catherine Sweeney

20 BIRTHPLACE OF MOTHER (City) Lunenburg (State or country) N. Y.

21 Informant Ralph M. Binney

(Address) 304 Dover Rd. Westwood Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/10/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 257

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 94 Brookfield Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick J. MAGRATH
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 94 Brook Field Rd St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 4 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 10 - 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April, 1957, to Dec. 10, 1955
I last saw him alive on Dec. 6, 1955, death is said to have occurred on the date stated above, at 8 30 A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary thrombosis	4 1/2 yrs.
ANTECEDENT CAUSES Due To (b) Myocardial Infarction	
Recurrent Coronary thrombosis	—
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations —
Date of operation — Was autopsy performed? no
What test confirmed diagnosis? Clinical. Lab. EKG

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) CHARLES Melvin, M. D.
(Address) 305 Hanover St. E Boston, Date Dec. 10 1955

6 Place of Burial or Cremation Holy Cross (City or Town) Malden
DATE OF BURIAL December 13 1955

7 NAME OF FUNERAL DIRECTOR Arthur J O'Maley
ADDRESS 79 Atlantic St Winthrop

Received and filed DEC 12 1955 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Mary E Moynihan
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years 5 Months 18 Days | If under 24 hours .... Hours .... Minutes

13 Usual Occupation: Funeral Director
(Kind of work done during most of working life)

14 Industry or Business: Self Funeral

15 Social Security No. — —

16 BIRTHPLACE (City) Boston
(State or country) MASS

PARENTS

17 NAME OF FATHER Frederick A MAGRATH

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) MASS

19 MAIDEN NAME OF MOTHER Theresa V McCormick

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) MASS

21 Informant Mary E MAGRATH
(Address) 94 Brook Field Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 12/12/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 258

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp'tal St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis J. Solari
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 31 Banks Street St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months ... days. In place of residence 24 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December (Month) 10, (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 31, 1952 to Dec. 10 1955
I last saw him alive on Dec. 10 1955, death is said to have occurred on the date stated above, at 12:15 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage left with right hemiplegia	4 days
ANTECEDENT CAUSES Due To (b) arteriosclerotic & hypertensive heart disease	3 yrs
Due To (c) generalized arteriosclerosis	5 yrs
OTHER SIGNIFICANT CONDITIONS none	

Major findings: Of operations no
Date of operation ... Was autopsy performed? no
What test confirmed diagnosis? Clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) M. Trauffein M. D.
(Address) 562 Shirley St, Winthrop Date DEC 10 1955

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 13 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed DEC 12 1955 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Sophie O. Berretta
(Give maiden name of wife in full)
(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years ... Months ... Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business: Pro rietor Tavern

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
17 NAME OF FATHER John Solari
18 BIRTHPLACE OF FATHER (City) ...
(State or country) Italy
19 MAIDEN NAME OF MOTHER Mary Herthy
20 BIRTHPLACE OF MOTHER (City) County Mayo
(State or country) Ireland

21 Informant Sophie O. Solari
(Address) 31 Banks St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 12/12/55
(Official Designation) (Date of Issue of Permit)

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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION . . . . . .

DATE OF ENTERING MILITARY SERVICE . . . . . .

DATE OF DISCHARGE . . . . . .

RANK, RATING . . . . . .

ORGANIZATION AND OUTFIT . . . . . .

SERVICE NUMBER . . . . . .

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The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 259

1 PLACE OF DEATH: X Suffolk (County); Winthrop (City or Town); No. 100 Locust St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Gorodetsky (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 100 Locust St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 25 years — months — days. In place of residence 25 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH ~~DECEM~~ DEC. 14, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from JUNE 8, 1954 to DEC 14, 1955

I last saw him alive on DEC 14, 1955, death is said to have occurred on the date stated above, at 10 P m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) CORONARY THROMBOSIS	30 MIN.
ANTECEDENT CAUSES Due To (b) CORONARY SCLEROSIS	2 YRS
ANGINA PECTORIS	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) A. N. Caplan, M. D.

(Address) 15 PRINCETON ST. BOSTON Date 12-15-1955

6 Arsha Memorial Woburn Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 16 1955

7 NAME OF FUNERAL DIRECTOR Hyman J. Torf

ADDRESS 157 Washington Ave Chelsea

Received and filed DEC 15 1955 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 ~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~ (write the word): Married

10a If married, widowed, or divorced HUSBAND of Goldie Schneiderman (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years — Months — Days. If under 24 hours: Hours Minutes

13 Usual Occupation: Contractor (Kind of work done during most of working life)

14 Industry or Business: Ladies Coat & Suit Mfg.

15 Social Security No. Unknown

16 BIRTHPLACE (City) (State or country) Russia

PARENTS

17 NAME OF FATHER Samuel Gorodetsky

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER (C B L)

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Goldie Gorodetsky (Address) 100 Locust St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/15/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 260

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 10 Orlando Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Howard (Baldwin)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 10 Orlando Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 45 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 14, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1955 to Dec 13, 1955
I last saw he alive on Dec 13, 1955 death is said to have occurred on the date stated above, at 2:30 A m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage Hemorrhage	3 ds.
ANTECEDENT CAUSES (b) Due To	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Terminal Pneumonia Pneumonia	48 hrs.

Major findings:
Of operations
Date of operation None Was autopsy performed? no
What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. O'Neill M. D.
(Address) Winthrop Date Dec 13 1955

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 16 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed DEC 15 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Andrew J. Howard
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years Months Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Richard A. Baldwin

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Maria Sullivan

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Louis Howard
(Address) 10 Orlando Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter E. Baker
(Signature of Agent of Board of Health or other)
Health Office 12/15/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and ninetcen hundred and seventecn. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be rcturned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination, upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable discase, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also dcaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 261

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HERBERT J. COLLINS (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No WR 2

(a) Residence. No. 125 Sargent (Usual place of abode) St. Winthrop (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 6 years ....months ....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December (Month) 15 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 13/55, 19..., to December 15, 1955

I last saw him alive on December 14, 1955, death is said to have occurred on the date stated above, at 3:55 a.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis	4 days
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation None Was autopsy performed? No
What test confirmed diagnosis? Electro Cardigram

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John J. Collins M.D.
(Address) 123 Bennington St. Revere 51, Mass. Date Dec. 16 1955

6 Winthrop-- Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL Dec. 19, 1955 19..

7 NAME OF FUNERAL DIRECTOR Frederick J. Pancella
ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed DEC 16 1955 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR OR RACE: White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Ruth E. Brown (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 49 Years 9 Months 2 Days | If under 24 hours ....Hours ....Minutes

13 Usual Occupation: Manager (Kind of work done during most of working life)

14 Industry or Business: Hotel

15 Social Security No. 129-10-8607

16 BIRTHPLACE (City) Brooklyn, N.Y. (State or country) New York

PARENTS
17 NAME OF FATHER William Collins
18 BIRTHPLACE OF FATHER (City) Brooklyn, New York (State or country) New York
19 MAIDEN NAME OF MOTHER Elizabeth Lynch
20 BIRTHPLACE OF MOTHER (City) Brooklyn, N.Y. (State or country) New York

21 Informant Mrs. Ruth E. Collins (Address) 125 Sargent St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/16/55 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE 3/1/42

DATE OF DISCHARGE 10/13/45

RANK, RATING Staff Sergeant

ORGANIZATION AND OUTFIT Army, First Company, 1262 SCU-PC

SERVICE NUMBER 32-013-044

Discharge marked recall

MR-301A

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100M-10-53-910621

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 262

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. ~~104 Highland Ave~~ Mount St Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine F. Flynn
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 41 Bates Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 8 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 16 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1955, to Dec 16, 1955, I last saw h. alive on Dec 10, 1955, death is said to have occurred on the date stated above, at 3-30 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Chronic Myocarditis (Chronic Myocarditis)	Several years
ANTECEDENT CAUSES (b) Due To	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Senility Senility	

Major findings:
Of operations
Date of operation Was autopsy performed? no
What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. O'Brien, M. D.
(Address) Winthrop Date 12/17 1955

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 19 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed DEC 19 1955 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years....Months....Days
If under 24 hours ....Hours....Minutes

13 Usual Occupation: retired (Housekeeper)
(Kind of work done during most of working life)

14 Industry or Business: Golf Club

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Ireland

PARENTS
17 NAME OF FATHER Michael Flynn
18 BIRTHPLACE OF FATHER (City) (State or country) Ireland
19 MAIDEN NAME OF MOTHER Catherine Leahy
20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Mae Marsh
(Address) 41 Bates Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)
Health Officer 12/19/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 263

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carrie Helen Morgan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 109 Buchanan Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 3 months 19 days. In place of residence 18 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December (Month) 19 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept., 1955, to Dec., 1955, I last saw he alive on Dec. 18, 1955, death is said to have occurred on the date stated above, at 2:00 P. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage	1 wk.
ANTECEDENT CAUSES (b) Due To Arteriosclerosis (generalized).	20 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Liberman M. D.
(Address) Winthrop Mass Date 12/20/ 1955

6 Woodlawn Cemetery Everett, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 21 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed DEC 21 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED ~~or DIVORCED~~ (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of George Henry Morgan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 8 Months 24 Days | If under 24 hours Hours Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Dorchester
(State or country) Massachusetts

PARENTS
17 NAME OF FATHER Sumner Leavitt
18 BIRTHPLACE OF FATHER (City) Pembroke
(State or country) Massachusetts
19 MAIDEN NAME OF MOTHER Mercy Fletcher
20 BIRTHPLACE OF MOTHER (City) Searsport
(State or country) Maine

21 Informant Miss Aline I. Morgan
(Address) 109 Buchanan St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 12/21/55
(Official Designation) (Date of Issue of Permit)

V.B.V

100M-10-53-910621

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 264

1 PLACE OF DEATH
Essex
(County)
Danvers
(City or Town)
No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Washington Drake
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 61 Johnson Ave., Winthrop, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 6 months 6 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 20, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 14, 1953 to Dec. 20, 1955
I last saw him alive on Dec. 20, 1955, death is said to have occurred on the date stated above, at 7:45a. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Generalized Arteriosclerosis	Yrs.
ANTECEDENT CAUSES Due To (b)	
Due To (c) Bronchopneumonia Cerebral Hemorrhage	6 days
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations
Date of operation Was autopsy performed? No
What test confirmed diagnosis? Clinical & Lab.

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Andrew Nichols III M. D.
(Address) Hathorne, Mass. Date 12/22 1955

6 Holy Cross Cem. Malden, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Dec. 23, 1955

7 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS East Boston, Mass.

Received and filed JAN 1 1956
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of Jennie F. McGurn
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 6 Months 17 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Builder - retired
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Unknown

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS
17 NAME OF FATHER Herman Drake
18 BIRTHPLACE OF FATHER (City) Bristol
(State or country) England
19 MAIDEN NAME OF MOTHER Jane Quirk
20 BIRTHPLACE OF MOTHER (City) Bristol
(State or country) England

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY
ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED December 28, 1955

RECEIVED
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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 265

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
Winthrop Convalescent Home
No. ~~142 Pleasant Street~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anne L (Marston) Fraser
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 142 Pleasant St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 20 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 19, 1954 to Dec 20th, 1955
I last saw her alive on Dec 19, 1955, death is said to have occurred on the date stated above, at 4:55 A.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia Terminal	2 days
ANTECEDENT CAUSES Due To (b) Myocardial Heart Disease	yrs
Due To (c) Arteriosclerosis generalized	yrs
OTHER SIGNIFICANT CONDITIONS Senility	yrs

Major findings:
Of operations
Date of operation Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph L. Lepore M. D.
(Address) 194 Washington St. Winthrop Date 12-21 1955

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Dec. 22 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Smith
ADDRESS Winthrop Mass.

Received and filed 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William A Fraser
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 0 Months 14 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) St. John
(State or country) New Brunswick

PARENTS

17 NAME OF FATHER Samuel Marston

18 BIRTHPLACE OF FATHER (City)
(State or country) England

19 MAIDEN NAME OF MOTHER Mary Hegan

20 BIRTHPLACE OF MOTHER (City)
(State or country) England

21 Informant Helen Driscoll
(Address) 250 Mt. Vernon Pl. Newark N.J.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 12/22/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 266

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Sherman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 16 Ocean View St., Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months....4....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 23, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Diabetic Coma, Generalized
Arteriosclerosis

5 Accident, suicide, or homicide (specify).....
Date and hour of injury.....19.....
Where did Injury occur?..... (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? ..... (Specify type of place)
Manner of Injury ..... (How did injury occur?)
Nature of Injury .....
While at work? ..... Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Ralph P. McCarthy M. D.
(Address) Peabody, Mass. Date 12/23 19 55

7 Winthrop Winthrop, Mass.
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL Dec. 27, 1955

8 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass.

Received and filed JAN 12 1956 19.....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male
10 COLOR OR RACE White
11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced
HUSBAND of Alma, maiden name unknown
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 78 Years 0 Months 23 Days | If under 24 hours .....Hours.....Minutes

14 Usual Occupation: Unknown - retired
(Kind of work done during most of working life)

15 Industry or Business:.....

16 Social Security No. 023-09-9392 A.

17 BIRTHPLACE (City) Portland
(State or country) Maine

PARENTS
18 NAME OF FATHER Alfred Sherman
19 BIRTHPLACE OF FATHER (City) Boothbay
(State or country) Maine
20 MAIDEN NAME OF MOTHER Adelia, Maiden name unk.
21 BIRTHPLACE OF MOTHER (City).....
(State or country) Canada

22 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.
ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED January 3, 1955 19.....

RECEIVED
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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 267

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mount Rest Home 194 Highland Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Christine A. Wallace (Ryan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 36 Banks Street, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 6 days. In place of residence 33 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 12 (Month) 23 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 1949, 19, to Dec. 23, 1955

I last saw h. alive on Dec. 19, 1955, death is said to have occurred on the date stated above, at 4:00 a.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinomatosis	yrs
ANTECEDENT CAUSES Due To (b) Carcinoma of bowel	yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Arteriosclerosis generalized	yrs

Major findings: Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gregory Thompson, M. D.
(Address) 189 Washington Date 12-23 1955

6 Place of Burial or Cremation Winthrop Cemetery, Winthrop (City or Town)
DATE OF BURIAL December 27th 1955

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed DEC 27 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James A. Wallace (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 1 Months 7 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) East Boston (State or country) Mass.

PARENTS

17 NAME OF FATHER Edward Ryan

18 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary Ann Cruise

20 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass.

21 Informant Richard C. Wallace-son
(Address) 7 Virginia Rd., Arlington, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
12/24/55
(Date of Issue of Permit)

50M-5-55-915025

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 268

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 80 Buchanan Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John P. Riley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 80 Buchanan Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 40 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 25, 1955.
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from MAY 6, 1952, to DEC. 25, 1955
I last saw him alive on DEC. 24, 1955, death is said to have occurred on the date stated above, at 1:00 P.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ARTERIOSCLEROTIC + HYPERTENSIVE HEART DISEASE	3 YRS.
ANTECEDENT CAUSES Due To (b) GENERALIZED ARTERIOSCLEROSIS	6 YRS.
Due To (c) —	
OTHER SIGNIFICANT CONDITIONS NONE.	

Major findings: Of operations NONE
Date of operation — Was autopsy performed? No
What test confirmed diagnosis? CLINICAL + LABORATORY

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Maurice Trauchtenberg M. D.
(Address) 562 Shirley St, Winthrop Date DEC. 25, 1955

6 Vinthrop Vinthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Decemebr 28 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed DEC 27 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of Annie E. Dow
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Retired Gas Inspector
(Kind of work done during most of working life)

14 Industry or Business: Packing Supplies

15 Social Security No.

16 BIRTHPLACE (City) (State or country) England

PARENTS
17 NAME OF FATHER John Riley
18 BIRTHPLACE OF FATHER (City) (State or country) England
19 MAIDEN NAME OF MOTHER Elizabeth Joyce ~~Cannot be learned~~
20 BIRTHPLACE OF MOTHER (City) (State or country) ~~Cannot be learned~~ England

21 Informant Mrs. Lillian Donahoe
(Address) 80 Buchanan St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 12/27/55
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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VR-301A

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 269

1 PLACE OF DEATH
Suffolk (County)
Vinthrop (City or Town)
No. 29 Sunnyside Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Chester F. McKinley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 29 Sunnyside Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 35 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 27 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June, 1953, to Dec. 27, 1955
I last saw him alive on Nov. 22, 1955, death is said to have occurred on the date stated above, at 3:40 A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary thrombosis	1hr
ANTECEDENT CAUSES Due To (b) Myocardial heart disease	yrs
Due To (c) Pneumonia	yrs
OTHER SIGNIFICANT CONDITIONS Pneumonia heart disease	yrs

Major findings:
Of operations
Date of operation ..... Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) 199 Dorchester Date 12-27-1955

6 Vinthrop Vinthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 31 1955

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Waley
ADDRESS Vinthrop Mass

Received and filed DEC 30 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR OR RACE	10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
male	white	widowed

10a If married, widowed, or divorced
HUSBAND of Helen Grainger
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Maintenance Man
(Kind of work done during most of working life)

14 Industry or Business: Buildings

15 Social Security No. 022-07-8110

16 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER David D. McKinley

18 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Mass

19 MAIDEN NAME OF MOTHER Katherine Gilrain

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

21 Informant Mrs Thomas Campbell
(Address) 270 Bluehill Parkway Milton

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 12/30/55
(Official Designation) (Date of Issue of Permit)

100M-10-53-910621

J.

V.I.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 270

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 76 Grovers Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ramon Antonio Castro
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) W. W. I

(a) Residence. No. 76 Grovers Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 18 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December (Month) 28 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mch, 1944, to Dec 28, 1955

I last saw him alive on Dec 28, 1955, death is said to have occurred on the date stated above, at 11:15 p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES (b) Due To ARTERIOSCLEROTIC HEART DISEASE — 4 years

(c) Due To

OTHER SIGNIFICANT CONDITIONS: none

Major findings: Of operations: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) B. W. Dickinson, M. D.
(Address) Winthrop, Mass. Date Dec 30, 1955

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 31, 1955, 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed DEC 30 1955, 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male

9 COLOR OR RACE: white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of Dora Bianchine
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years 1 Months 1 Days — If under 24 hours: Hours Minutes

13 Usual Occupation: self employd
(Kind of work done during most of working life)

14 Industry or Business: cumbustion engineer

15 Social Security No. none

16 BIRTHPLACE (City) San Jose
(State or country) Costa Rica

PARENTS

17 NAME OF FATHER Florencio Castro

18 BIRTHPLACE OF FATHER (City) San Jose
(State or country) Costa Rica

19 MAIDEN NAME OF MOTHER Auleriana Jimenez

20 BIRTHPLACE OF MOTHER (City) San Jose
(State or country) Costa Rica

21 Informant William H. Castro
(Address) 76 Grovers Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Walter J. Baker
(Official Designation) Health Officer (Date of Issue of Permit) 12/30/55

V.H.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE October 29,1920

DATE OF DISCHARGE June 15,1921

RANK, RATING Private

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 271

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 66 Winthrop Shore Drive (CREST HOUSE REST HOME) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Horace William Tewksbury
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 66 Winthrop Shore Drive St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 3 months days. In place of residence 70 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DECEMBER (Month) 28 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from MARCH 9, 1952 to DECEMBER 28, 1955
I last saw h. l. M. alive on DECEMBER 27, 1955, death is said to have occurred on the date stated above, at 8:40 A. m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) BILATERAL BRONCHOPNEUMONIA	3 DAYS.
ANTECEDENT CAUSES (b) Due To	
(c) Due To	
OTHER SIGNIFICANT CONDITIONS ARTERIOSCLEROTIC + HYPERTENSIVE HT. DIS.	4 YRS.

Major findings: Of operations NONE
Date of operation Was autopsy performed? NO
What test confirmed diagnosis? Clinical + LABORATORY.

5 Was disease or injury in any way related to occupation of deceased? NO.
If so, specify
(Signed) Maurice Transfeld Jr. M. D.
(Address) 562 SHIRLEY ST. WINTHROP Date DEC. 28 1955

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL Dec. 31 1955

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed DEC 30 1955 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of Minnie J MacNeill
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 5 Months 26 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Oiler
(Kind of work done during most of working life)

14 Industry or Business: Pumping station

15 Social Security No. None

16 BIRTHPLACE (City) Chelsea
(State or country) Mass.

PARENTS
17 NAME OF FATHER Horace W Tewksbury
18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)
19 MAIDEN NAME OF MOTHER Isabella Wheeler
20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant Alden W Tewksbury
(Address) 10 Willow Terrace

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Bakers
(Signature of Agent of Board of Health or other)
Health Officer 12/30/55
(Official Designation) (Date of Issue of Permit)

V.B.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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DEC 30 1946
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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 272

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Ferdinand Bauer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence: No. 108-A Quincy Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December (Month) 29 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug., 1953, to Dec 29, 1955
I last saw him alive on 12/29/, 1955, death is said to have occurred on the date stated above, at 3:45 A.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Artery Heart Disease.	2yrs.
ANTECEDENT CAUSES Due To (b) Cardiac Decompensation Due to above.	2wks.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS None	

Major findings:
Of operations
Date of operation Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass Date 12/30/, 1955

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 31, 1955 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop st. Winthrop, Mass.

Received and filed 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male
9 COLOR OR RACE: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of Ethel Eudora Boner
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 8 Months 5 Days | If under 24 hours Hours Minutes

13 Usual Occupation Retired Manufactuors agent
(Kind of work done during most of working life)

14 Industry or Business: Plumbing and Heating supplies

15 Social Security No. 705-12-9982

16 BIRTHPLACE (City) Philadelphia
(State or country) Penna

PARENTS

17 NAME OF FATHER John C. Bauer

18 BIRTHPLACE OF FATHER (City) Baden Baden
(State or country) Germany

19 MAIDEN NAME OF MOTHER Barbara Kleinsroth

20 BIRTHPLACE OF MOTHER (City) Baden Baden
(State or country) Germany

21 Informant Mrs. Ethel E. Bauer
(Address) 108A Quincy Avenue

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Mass. Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 12/30/55
(Official Designation) (Date of Issue of Permit)

V.B.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . , Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 273

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. 15 Willow Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard H. English
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 15 Willow Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 25 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 30 (Month) 1955 (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Dec 30, 1955

I last saw him alive on Dec 29, 1955, death is said to have occurred on the date stated above, at 10-55A m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Coronary Sclerosis	5 years
ANTECEDENT CAUSES Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Diabetes mellitus DIABETES MELLITUS	7 years

Major findings: Of operations none

Date of operation ..... Was autopsy performed? .....

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) A. E. Benjamin M. D.

(Address) Chelsea Date 12/30 1955

6 Cremation Woodlawn Everett
Place of ~~Burial or~~ Cremation (City or Town)

DATE OF BURIAL Jan. 3 1956

7 NAME OF FUNERAL DIRECTOR A. J. Di Nuccio

ADDRESS Revere

Received and filed JAN 3 1956 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR OR RACE white

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Etta Goodwin
(Give maiden name of wife in full)

(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 51 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Stock Clerk
(Kind of work done during most of working life)

14 Industry or Business: General Electric

15 Social Security No. 014-20-3695

16 BIRTHPLACE (City) Revere
(State or country) Mass.

PARENTS

17 NAME OF FATHER Robert Englisn

18 BIRTHPLACE OF FATHER (City) C. N. L.
(State or country) New Jersey

19 MAIDEN NAME OF MOTHER Lillian Smalley

20 BIRTHPLACE OF MOTHER (City) C. N. L.
(State or country) Maine

21 Informant ETTA G ENGLISH
(Address) 15 Willow Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter A. Bakeys
(Signature of Agent of Board of Health or other)

Health Officer 1/3/56
(Official Designation) (Date of Issue of Permit)

50M-3-53-909098

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 274

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
142 Pleasant St.

2 FULL NAME Clive May Willis
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 70 Bowdoin Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 5 days. In place of residence 72 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December (Month) 30 (Day) 1955 (Year)

4 I HEREBY CERTIFY, That I attended deceased from DEC 24, 1955, to DEC 30, 1955
I last saw HER alive on DEC 30, 1955, death is said to have occurred on the date stated above, at 12:45 P.m.

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) CEREBRAL HEMORRHAGE	6 days
ANTECEDENT CAUSES	Due To (b) ARTERIO SCLEROSIS	About 10 yrs
	Due To (c)	
OTHER SIGNIFICANT CONDITIONS	NONE	

Major findings: Of operations NONE
Date of operation NONE Was autopsy performed? NO
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) B. W. Dickinson, M. D.
(Address) SUNSET AVE Date JAN 3 1956

6 Winthrop Cemetery Place of Burial or Cremation Winthrop, Mass. (City or Town)
DATE OF BURIAL January 3, 1956 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop Ave Winthrop, Mass.

Received and filed JAN 3 1956 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR OR RACE: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 11 Months 14 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: housework (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Winthrop (State or country) Massachusetts

PARENTS
17 NAME OF FATHER William P. Willis
18 BIRTHPLACE OF FATHER (City) ..... (State or country) New Hampshire
19 MAIDEN NAME OF MOTHER Mary ?
20 BIRTHPLACE OF MOTHER (City) ..... (State or country) England

21 Informant Old Age Dept (Address) Town Hall, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
1/3/56 (Date of Issue of Permit)

50M-3-54-911887

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 275

1 PLACE OF DEATH
Suffolk (County) Boston 1-9-56
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dominic Papolla Papolla
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 365 Sumner St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years.....months.....1.....days. In place of residence 43 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 31, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 19 1954 to Dec. 31 1955
I last saw him alive on Dec. 31 1955 death is said to have occurred on the date stated above, at 2:10 p.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage	3 hrs.
ANTECEDENT CAUSES Due To (b) Hypertension	3 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations.....
Date of operation..... Was autopsy performed? No
What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Ralph Jaworski, M. D.
(Address) 327 Sumner St. Date 1-1-56

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Jan. 3 1956

7 NAME OF FUNERAL DIRECTOR Di Pietro & Vozza
ADDRESS 11 Henry Street, East Boston

Received and filed JAN 3 1956 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Mary Trodella
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years .....Months .....Days | If under 24 hours .....Hours .....Minutes

13 Usual Occupation: Proprietor, Barber
(Kind of work done during most of working life)

14 Industry or Business: Barber Shop

15 Social Security No. 033-26-0770

16 BIRTHPLACE (City) (State or country) Italy

PARENTS
17 NAME OF FATHER Angelo Papolla
18 BIRTHPLACE OF FATHER (City) (State or country) Italy
19 MAIDEN NAME OF MOTHER Teresa Maffucci
20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Mary Papolla
(Address) 365 Sumner St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 1/2/55
(Official Designation) (Date of Issue of Permit)

50M-3-54-911887

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

FM R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 11060 276

1 PLACE OF DEATH: SUFFOLK (County) BOSTON

(City or Town)

No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH GENACCO
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 429 Winthrop St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 4, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1955, to Dec 4, 1955, I last saw he was alive on ....., 19....., death is said to have occurred on the date stated above, at 5:15a m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Wilson's disease Hepato-Lenticular Degeneration) — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTE CEDENT CAUSES Due To (b) Gastro-intestinal hemorrhage — hrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation.....Was autopsy performed?.....

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Theo Sannella, M. D.
(Address) BCH Date 12/4 1955

6 St. Michael Cem., Boston, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 7, 1955

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS E. Boston, Mass.

Received and filed JAN 16 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M
9 COLOR OR RACE: W
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Pauline Boncore
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 43 Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Truck driver
(Kind of work done during most of working life)

14 Industry or Business: Unemployed

15 Social Security No. 025-01-6350

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Vincent Genacco

18 BIRTHPLACE OF FATHER (City).....
(State or country) Italy

19 MAIDEN NAME OF MOTHER Viola DiCesere

20 BIRTHPLACE OF MOTHER (City).....
(State or country) Italy

21 Informant Pauline Genacco
(Address)

A TRUE COPY
ATTEST: Charles H. Mack
(Registrar of City or Town where death occurred)

DATE FILED December 9, 1955

RECEIVED
JAN 1

R1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) BOSTON

Registered No. 11289 277

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Mass Gen Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LOUISA S JENKINS (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 95 Somerset Ave St. Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 21 days. In place of residence 40 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 11, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1955, to Dec 11, 1955

I last saw her alive on Dec 11, 1955, death is said to have occurred on the date stated above, at ..... m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Renal cell carcinoma c metastases — INTERVAL BETWEEN ONSET AND DEATH: 6mos

ANTECEDENT CAUSES Due To (b) .....

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS .....

Major findings of operation: Large Left renal tumor

Date of operation 12/29/55 Was autopsy performed? .....

What test confirmed diagnosis? .....

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) S E Price, M. D.

(Address) MGH Date 12/11 1955

6 Holyhood Cem., Brookline, Mass. (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL December 14, 1955 19..

7 NAME OF FUNERAL DIRECTOR A B Marsh

ADDRESS Winthrop, Mass.

Received and filed JAN 2 1956 19..

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: F

9 COLOR OR RACE: W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of F. H. Jenkins (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 10 Months 17 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: housewife (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

17 NAME OF FATHER Geo Smith

18 BIRTHPLACE OF FATHER (City) ..... (State or country) England

19 MAIDEN NAME OF MOTHER M A Pace

20 BIRTHPLACE OF MOTHER (City) ..... (State or country) England

21 Informant Margaret Jenkins (Address)

A TRUE COPY ATTEST: Charles H. Mackie (Registrar of City or Town where death occurred)

DATE FILED December 19, 1955 19..

V.B.V

RECEIVED
JAN23

-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R.302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or Town making this return)

Registered No. 1134278

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Mass Mem Hospitals St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CATHERINE NEVILIE (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 53 Pebble Ave St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence. 10 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 11, 1955 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1955 to Dec 11, 1955

I last saw her alive on Dec 11, 1955, death is said to have occurred on the date stated above, at 11:40p m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive heart failure

Due To (b) Arteriosclerotic heart disease

Due To (c)

OTHER SIGNIFICANT CONDITIONS Chronic pyelonephritis

INTERVAL BETWEEN ONSET AND DEATH 8dys

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. A Single, M. D.

(Address) MMH Date 12/11 1955

6 Winthrop Cem Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 15, 1955

7 NAME OF FUNERAL DIRECTOR Frank M Donahue

ADDRESS Charlestown, Mass

Received and filed 1955

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Patrick Neville
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years....Months....Days | If under 24 hours ....Hours....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

17 NAME OF FATHER John J Lynch

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Thompson

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant husband
(Address)

A TRUE COPY ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED December 19, 1955

V.B.V

RECEIVED

JAN 25

R R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B) 11-51-905807

Vital Statistics Revenue

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

REVERE
(City or town making return)

Registered No. 279

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. 214 Endicott Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Levy
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 221 Shore Drive St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 27, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 30 19 to Dec. 27, 19 55
in Dec. 23, 55 19
I last saw h alive on 9:45A., death is said to have occurred on the date stated above, at m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage	1 day
ANTECEDENT CAUSES Due To (b) Cerebral Arteriosclerosis	5 years
Due To (c) Hypertension	5 years
OTHER SIGNIFICANT CONDITIONS	

Major findings:
Of operations no
Date of operation Was autopsy performed? no
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Charles Liberman M.D.
(Address) Winthrop, Mass. Date Dec. 27 19 55

6 Constantina Cem. - W. Roxbury
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 28, 19 55

7 NAME OF FUNERAL DIRECTOR Henry Levine
ADDRESS 470 Harvard St., Brookline

Received and filed JAN 16 1956 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Dora Rubinstein
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days
If under 24 hours Hours Minutes

13 Usual Occupation: Meat Cutter
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Portland
(State or country) Maine

PARENTS
17 NAME OF FATHER Jacob Levy
18 BIRTHPLACE OF FATHER (City)
(State or country) Russia
19 MAIDEN NAME OF MOTHER Jennie (Cannot be learned)
20 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

21 Informant Dora Levy
(Address) 221 Shore Drive, Winthrop

A TRUE COPY
ATTEST: [illegible]
(Registrar of City or Town where death occurred)

DATE FILED December 29, 19 55

RECEIVED
JAN 16

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston (City or Town making this return)

Registered No. 12024230

PLACE OF DEATH

1 Suffolk (County)

Boston (City or Town)

No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FRANK GINEPRA
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WW I

(a) Residence. No. 17 Marion St., E. Boston St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 30, 1955
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That was a patient from Dec 26, 19 55 to Dec 30, 1955, 19 ..., death is said to have occurred on the date stated above, at 4:30p m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

		INTERVAL BETWEEN ONSET AND DEATH
(a)	Arteriosclerotic heart disease	mos
Due To (b)	Old myocardial infarction	2wks
Due To (c)	Congestion edema	days
OTHER SIGNIFICANT CONDITIONS		

Was autopsy performed? autopsy
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry Nigro, M. D.
(Address) BCH Date 12/30 19 55

6 Winthrop Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 3, 1956 19

7 NAME OF FUNERAL DIRECTOR F J Magrath
ADDRESS E. Boston, Mass.

Received and filed FEB 6 1956 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR	10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
M	W	married

10a If married, widowed, or divorced HUSBAND of Florence Gillis
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Bartender
(Kind of work done during most of working life)

14 Industry or Business: Trainor's Cafe

15 Social Security No. 012-20-9382

16 BIRTHPLACE (City) E. Boston
(State or country) Mass.

PARENTS

17 NAME OF FATHER Chas Ginepra

18 BIRTHPLACE OF FATHER (City)
(State or country) Italy

19 MAIDEN NAME OF MOTHER Lida Varney

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Wife
(Address)

A TRUE COPY
ATTEST:
(Registrar of City or Town where death occurred)

DATE FILED January 9, 1956 19

R-302

WRITE PLAINLY WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

RECEIVED
TOWN CLERK
WINTHROP, MASS.
FEB-6

Oct 19 1917
Jun 20 1919
Pvt
345th FA, US Army
10 743 93

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

Form VS No. 66b. 12-54-10M Books (4C-114)

MARGIN RESERVED FOR BINDING

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH. TYPEWRITE, HAND-PRINT OR WRITE LEGIBLY IN PERMANENT BLACK OR BLUE-BLACK INK. PENCILS, COLORED INKS, OR BALLPOINT PENS SHOULD NEVER BE USED. SIGNATURES SHOULD BE LEGIBLE. THIS IS A PERMANENT RECORD.

(See Reverse for Instructions)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF

(County) (City or town making return)

281

New York State Department of Health
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

72363

Dist. No. 2908 (To be inserted by registrar)

Registered No. 377

1. PLACE OF DEATH: STATE OF NEW YORK
a. COUNTY: Nassau
b. TOWN: North Hempstead
c. CITY OR VILLAGE: Mineola
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 317 Wellington Rd.
e. LENGTH OF STAY IN TOWN, CITY OR VILLAGE: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Massachusetts
b. COUNTY: Suffolk
c. TOWN: Winthrop
d. CITY OR VILLAGE: Winthrop --
Is residence within its corporate limits? YES ☒ NO ☐
e. STREET ADDRESS: 230 Revere Street

3. NAME OF DECEASED (Type or Print): Eleanor Oliver
4. DATE OF DEATH (Month) (Day) (Year): November 24 19 55
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife: George Oliver
9. DATE OF BIRTH: 5/16/1880
10. AGE Years: 75 Months: 6 Days: 8 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country): Sidney, Nova Scotia
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY:
14. FATHER'S NAME: James Marshall
15. MOTHER'S MAIDEN NAME: Mary McGillivary
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
17. SOCIAL SECURITY NO.: 026-1825-60
18. INFORMANT'S NAME: Maude LeMoine ADDRESS: 230 Revere St. Winthro

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complications which caused death).

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Thrombosis — 8 hrs.
DUE TO
(B) Coronary Arteriosclerosis — 2 yrs
DUE TO
(C) Hypertension and Arteriosclerotic Heart Disease ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it.

20a. DATE OF OPERATION
20b. MAJOR FINDINGS OF OPERATION
21. AUTOPSY? YES ☒ NO ☐
22a. ACCIDENT, SUICIDE HOMICIDE (Specify)
22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
22d. TIME (Month) (Day) (Year) (Hour) OF INJURY a.m.
22e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
22f. HOW DID INJURY OCCUR?

23. I hereby certify that I attended the deceased from Nov. 21. 19 55 to Nov. 24 19 55, that I last saw the deceased alive on Nov. 24. 19 55, and that death occurred at [illegible] p.m., from the causes and on the date stated above.

24a. SIGNATURE: Floyd Lemcke M. D.
24b. ADDRESS: 276 Fenfield St. Revere, Mass
24c. DATE SIGNED: 11/24 55

25a. PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cemt Winthrop, Mass.
25b. DATE: 11/28 19 55
26a. UNDERTAKER'S SIGNATURE: [illegible]
26b. UNDERTAKER'S ADDRESS: Mineola Funeral Home, Inc 190 1st St. Mineola, N.Y.
REGISTRATION NO.: [illegible]

DATE FILED BY LOCAL REG.: 11/25/ 19 55
28. REGISTRAR'S SIGNATURE: mary l Eisenbarth

Permit Issued by: Mary C. Eisenbarth- Deputy Date of Issue: 11/25/55 19

STATE OF NEW YORK DEPT. OF HEALTH FILED DEC 1 1955